

Name  
in  
Full

## CERTIFICATE OF DEATH

Gymna Ralorg Albough

Town

County

Died at

Laurel

Prince George

MARYLAND

Date

of death

1940

Month

Feb'y

Day

16<sup>th</sup>

Age

Years

36

Months

6

Days

14

Sex

Female

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Benj. S. Albough

Father's  
Name

Mr B Redgrave

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Annie Ralorg

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Mr B Redgrave Jr.

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Pneumonia

How long

28 days.

Immediate

Meningitis

How long

2 days.

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

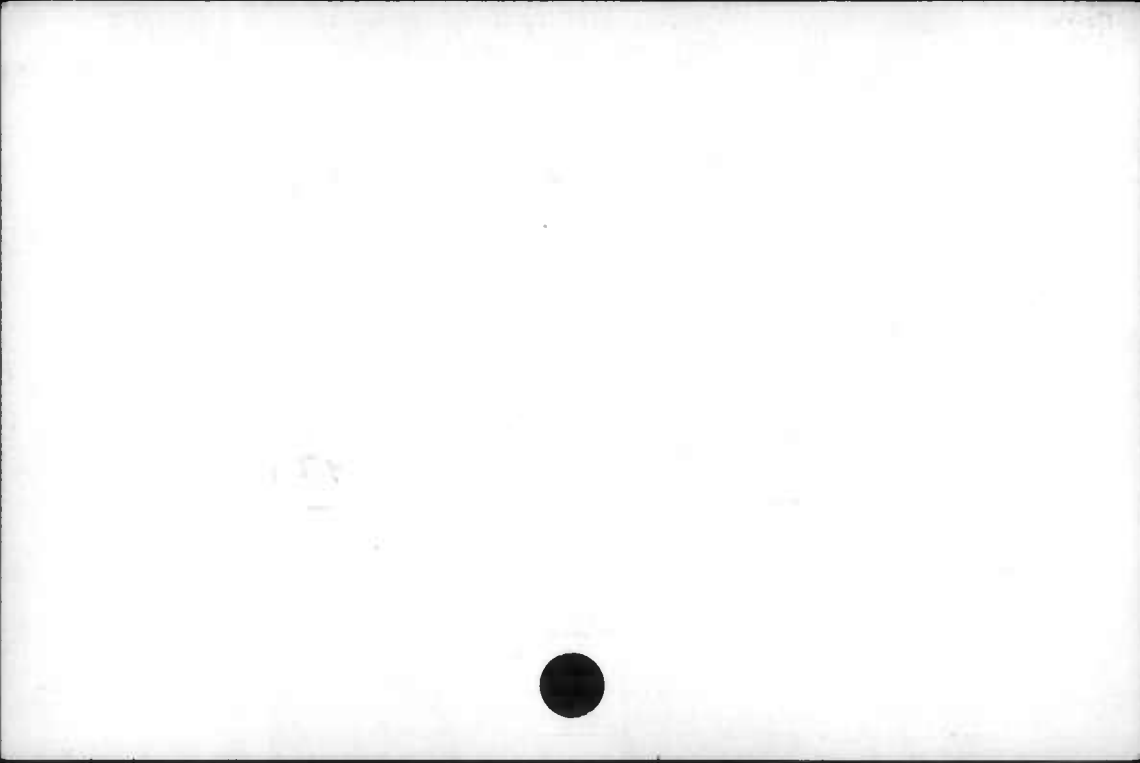
Address

J. B. Smith  
Laurel  
Md

Accident or Suicide

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

James Henry Babcock

Town

County

Capitol Heights

Prince George

MARYLAND

Died at

Date

of death

1960

Feb

Day

4

Age

60

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

N. Y. State

Occupation

Electro-typist

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Babcock

Father's  
Name

Daniel Babcock

Father's  
Birthplace

N. Y.

Mother's  
Maiden Name

Mary Dillon

Mother's  
Birthplace

N. Y.

Name of person giving  
Information

George Babcock

How related  
to deceased

Son.

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

about 12 years

Immediate

Exhaustion &amp; heart failure

How long

about 1 month

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

R. A. Schoonover,

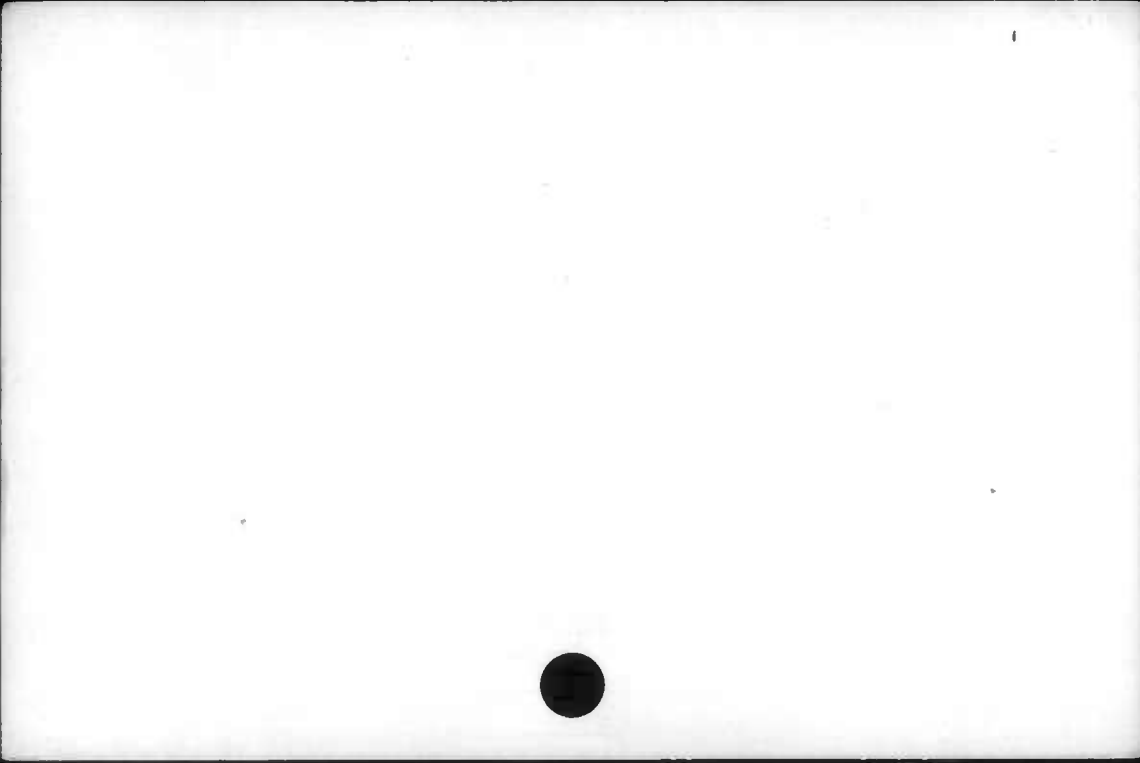
Address

Burrington,  
D.C.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

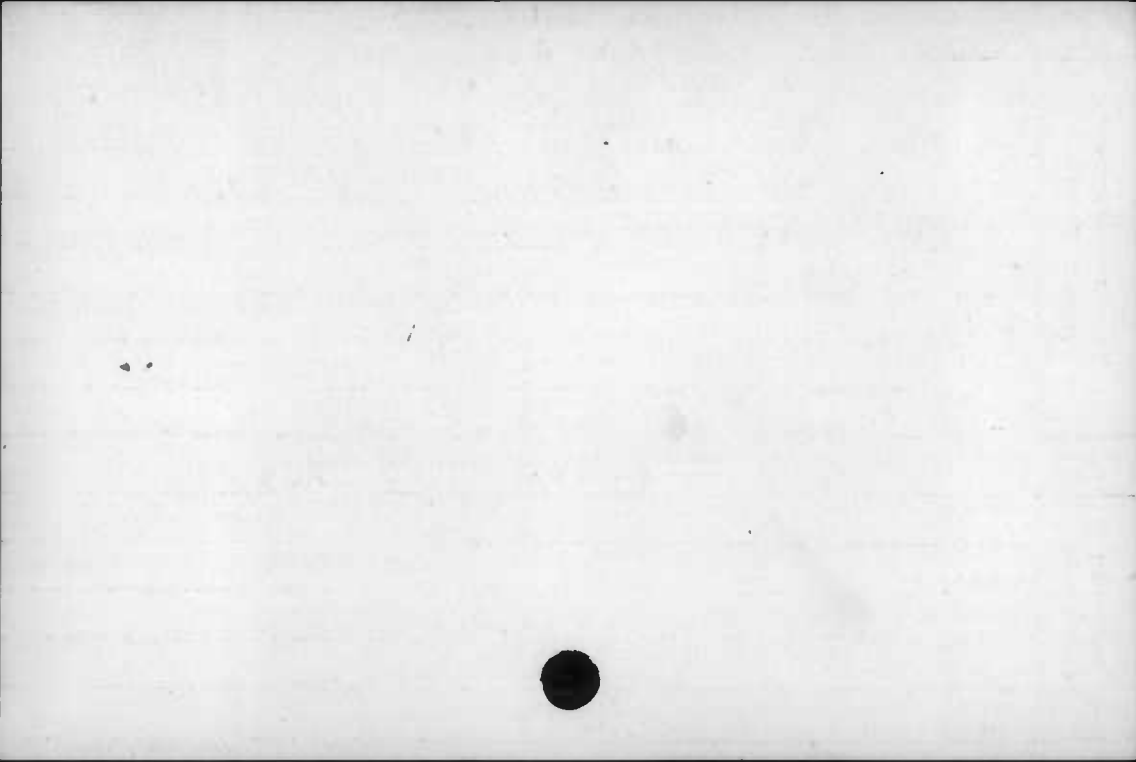
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Luxedo</i> Town		<i>P.G.</i> County		MARYLAND	
Date of death <i>1910</i>	Month <i>2</i>	Day <i>16</i>	Age <i>84</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Mid</i>			
Occupation <i>Domestic</i>	Where Residing If not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>Mid</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>Mid</i>				
Name of person giving information <i>unknown</i>	How related to deceased <i>unknown</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Disease</i>	How long <i>Few months</i>
Immediate <i>of Heart</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. W. Worrey</i>
	Address <i>1212 H. St. N.E. Wash. D.C.</i>
Accident or Suicide? <i>neither</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

James Emory Bales

Town

County

MARYLAND

Died at Hyattsville

Br Geo

Date

Month

Day

Years

Months

Days

of death 1940

th

4

Age

72

Sex

male

Color or  
Race

white

Birth-  
place

D.C.

Occupation

clerk

Where Residing if not  
at place of death

✓

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Late Henrietta Anne Hanson

Father's  
Name

Jos B Bales

Father's  
Birthplace

Don't Know

Mother's  
Maiden Name

Don't Know

Mother's  
Birthplace

Don't Know

Name of person giving  
Information

Wm J. Hutchinson

How related  
to deceased

Son in law

CAUSES OF DEATH

81

Primary

Arteriosclerosis, Rheumatism

How long

Several years

Immediate

Cardiac asthma

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Thos E. [Signature]

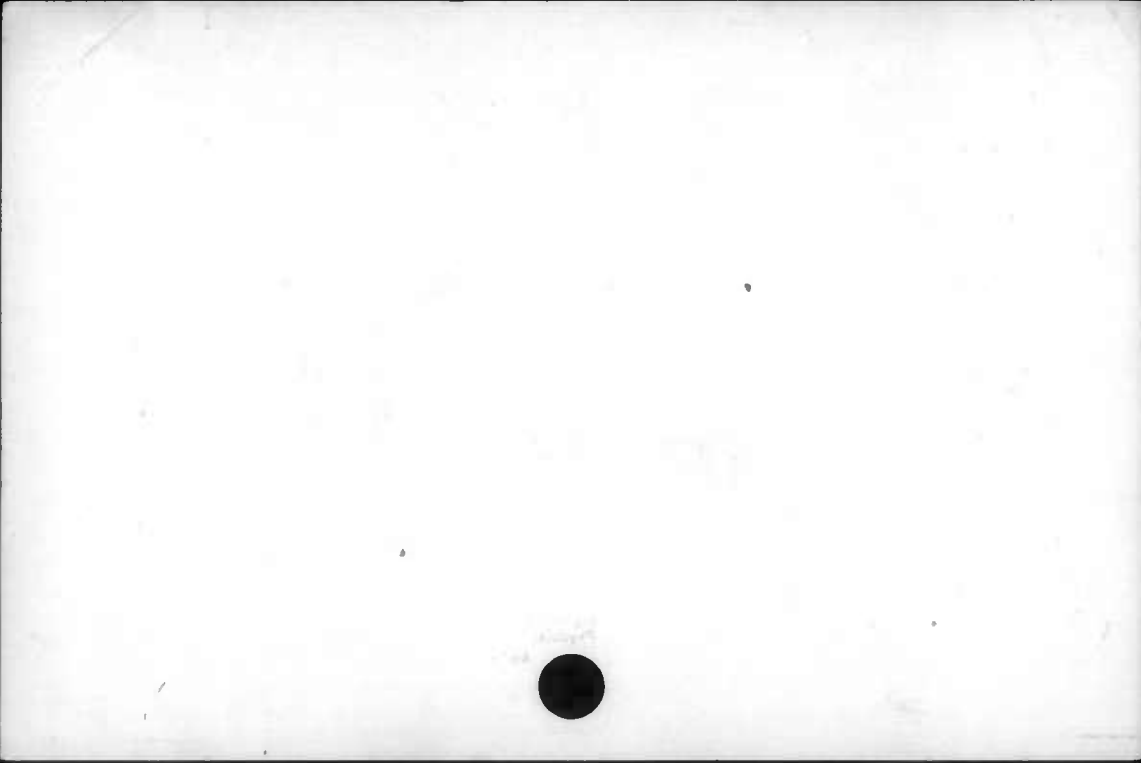
Address



Accident or Suicide

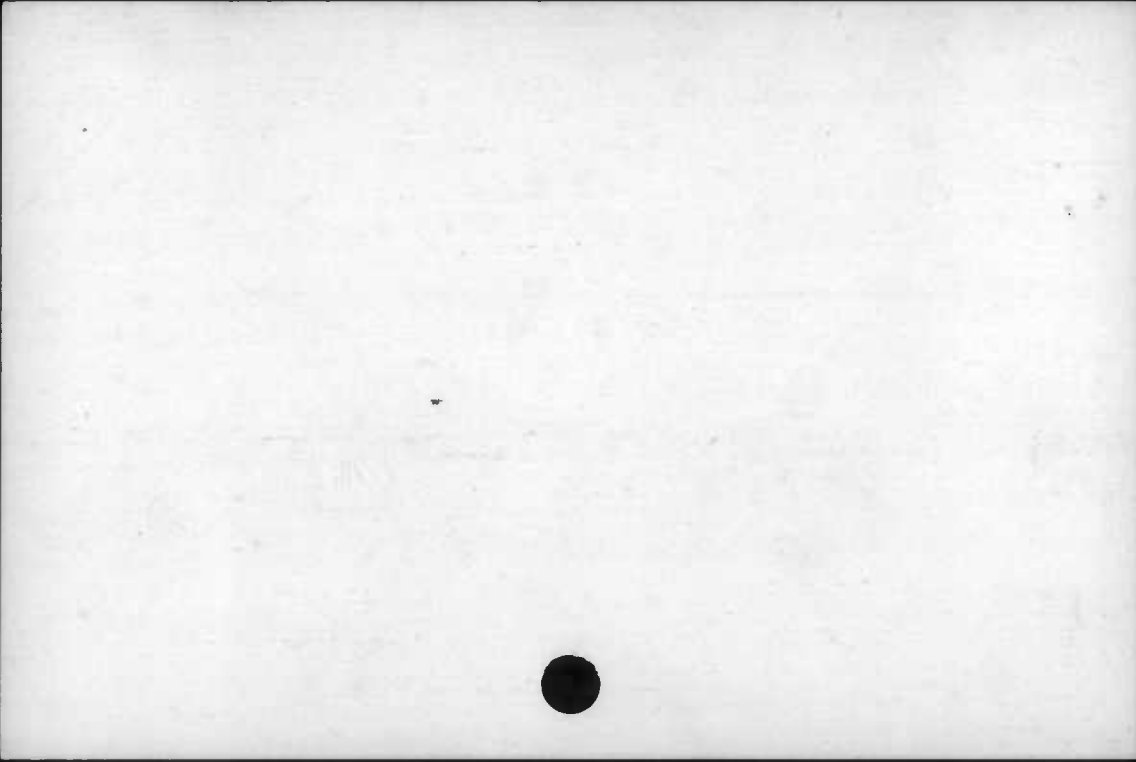
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Blunt</u> <small>Town</small>		<u>P. Es.</u> <small>County</small>		STATE OF <u>MARYLAND</u>
	Date of death <u>1900</u>	<u>2</u> <small>Month</small>	<u>22</u> <small>Day</small>	<u>26</u> <small>Years</small>	<u>-</u> <small>Months</small> <u>-</u> <small>Days</small>
	Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>md</u>		
	Occupation <u>House</u>	Where Residing if not at place of death			
	Married, Single <u>Single</u>	Name of Wife or Husband <u>Chas Boze</u>			
	Father's Name <u>Sidney Clements</u>	Father's Birthplace <u>md</u>			
	Mother's Maiden Name <u>Davis</u>	Mother's Birthplace <u>md</u>			
	Name of person giving information <u>Chas Boze</u>	How related to deceased <u>Husband</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Child birth suppression of Lactia from getting up too</u>				How long <u>10 da</u>
	Immediate <u>action of Liver &amp; Bowels of jaundice</u>				How long <u>2 da</u>
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>L. L. Waring</u>
					Address <u>Blunt md</u>
	Accident or Suicide?				



Name  
in  
Full

Barbara Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

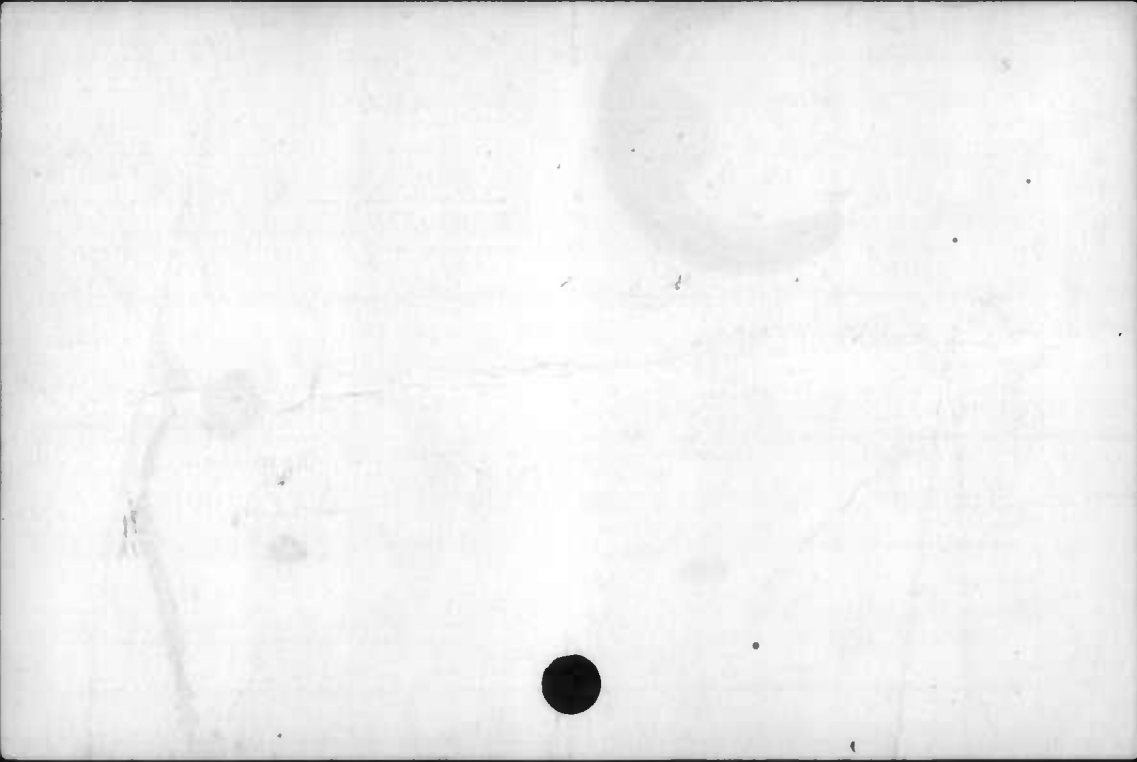
Died at <i>Mitchellsville</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb</i>	Day <i>20<sup>th</sup></i>	Years <i>81</i>	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>East Tennessee</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Mitchellsville</i>			
Married, <del>Single</del> or Widowed	Name of <del>Wife</del> or Husband <i>Louis Bowers</i>				
Father's Name <i>John Capple</i>	Father's Birthplace <i>East Tennessee</i>				
Mother's Maiden Name <i>Rebecca Elton</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>J L Ingalls</i>	How related to deceased <i>Grandson</i>				

CAUSES OF DEATH

100

PHYSICIAN  
OR CORONER

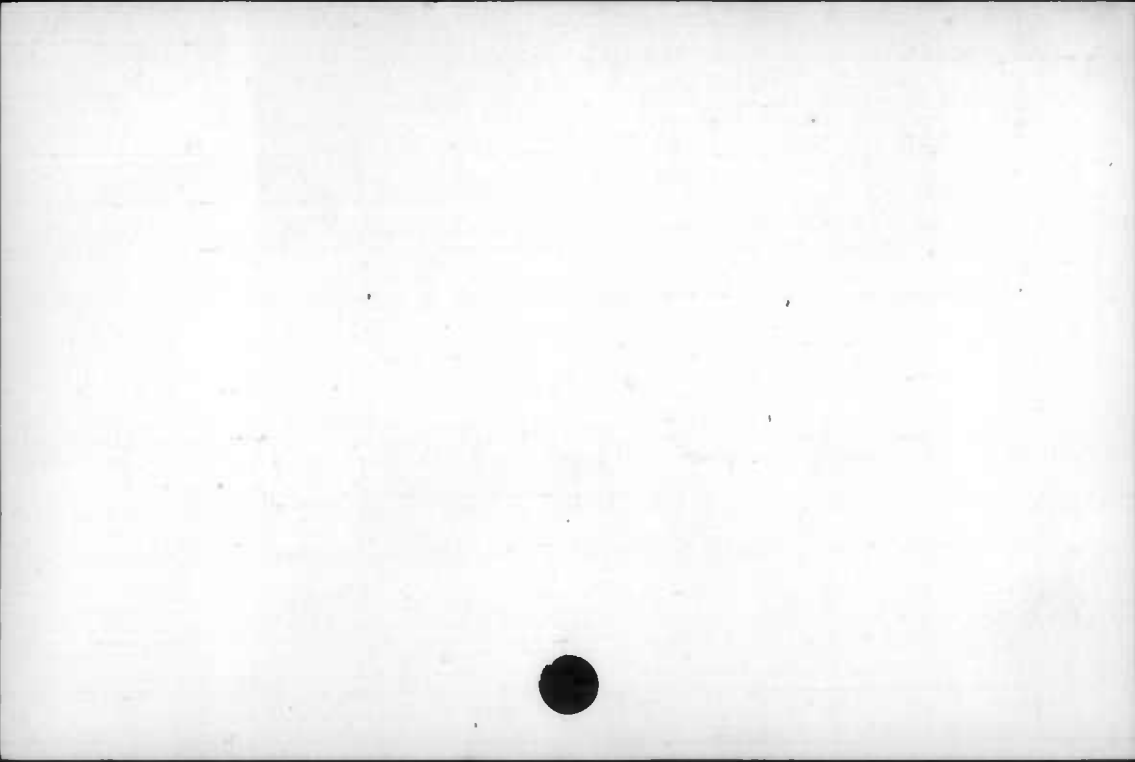
Primary <i>Obstruction of Colon</i> <i>congestion of Liver &amp; Kidneys</i>	How long <i>about 3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Peach M.D.</i>
	Address <i>Mitchellsville</i>
<del>Accident or Suicide?</del>	<i>Ind</i>



Name in Full <b>Juanita Campbell</b>		Town <b>Pr. Geo.</b>		County <b>Pr. Geo.</b>		CERTIFICATE OF DEATH	
Died at <b>Pr. Geo.</b>		State <b>MARYLAND</b>					
Date of death <b>1900 Feb 1</b>		Month <b>Feb</b>		Day <b>1</b>		Age <b>38</b>	
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>Pr. Geo. Co. Md.</b>		Months <b>—</b>	
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>Charles Campbell</b>					
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Lou Jones</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>William Campbell</b>		How related to deceased <b>Son</b>					
		CAUSES OF DEATH					
Primary <b>Pulmonary tuberculosis nine months</b>		How long <b>27</b>					
Immediate <b>"</b>		How long <b>"</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>E. J. Hurst, M.D.</b>					
No physician in attendance <b>No physician in attendance</b>		Address <b>Piscataway Md.</b>					
Accident or Suicide? <b>No</b>		Local Board of Health <b>Local Board of Health</b>					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles E. boats

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at near Upper Marlbow

P. Y.

Date

of death 1900

Month

2

Day

22

Age

Years

—

Months

1

Days

—

Sex

Male

Color or  
Race

Black

Birth-  
place

P. Y. bo md

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

James E. boats

Father's  
Birthplace

P. Y. bo md

Mother's  
Maiden Name

Laura Gant

Mother's  
Birthplace

P. Y. bo md

Name of person giving  
Information

James E. boats

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Don't know

How long

Immediate

Don't know

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

R. Enos Smith

Address

Sub Registrar

Accident or Suicide

Upper Marlbow md

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Missie Cook

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Forestville <sup>County</sup> Prince George MARYLAND

Date of death 1960 Month 2 Day 7 Age <sup>about</sup> 72 Months — Days —

Sex Female Color or Race Black Birth-place Ind.

Occupation Housework Where Residing if not at place of death —

Married, Single ~~Married~~ <sup>widowed</sup> Name of Wife or Husband Richard Cook

Father's Name Thomas Gant Father's Birthplace unknown

Mother's Maiden Name Susay Mandith Mother's Birthplace unknown

Name of person giving Information Helen Simms How related to deceased niece

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary Cancer of the bowels How long 1 yr

Immediate Asthenia How long 36 hrs

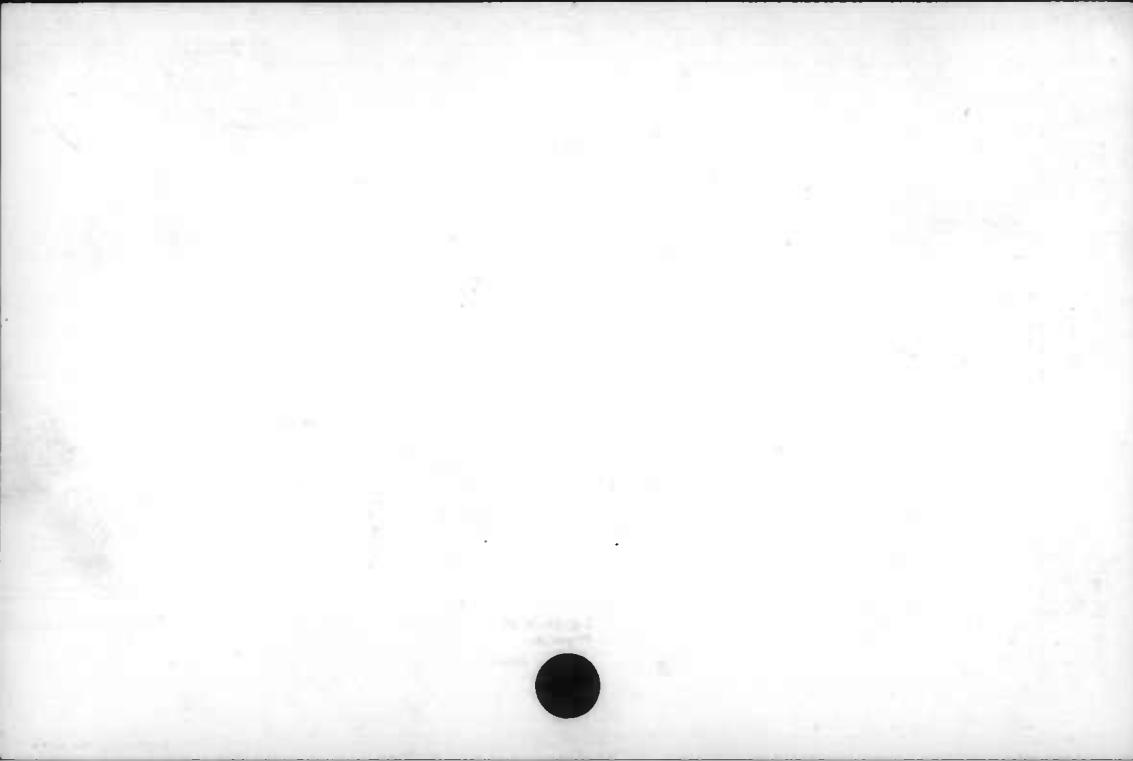
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John E. Rushing

Address Forestville Ind.

Accident or Suicide neither.

PHYSICIAN  
OR CORONER



Name  
in  
Full

Francis S Crown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Destick Line C.J. P.O.* County

MARYLAND

Date of death *1918* Month *2* Day *26* Age *4* Years Months *1* Days *1*Sex *Female* Color or Race *white* Birth-place *md*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *unknown*Father's Birthplace *unknown*Mother's Maiden Name *unknown*

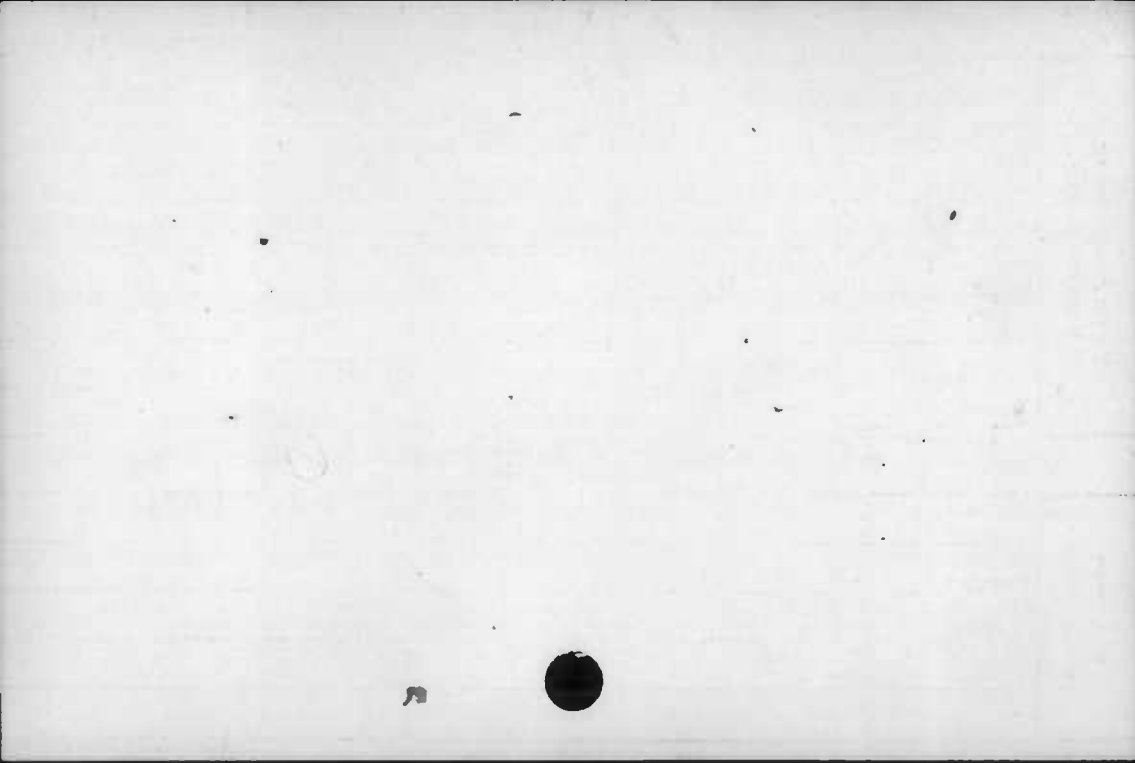
Mother's Birthplace " "

Name of person giving information *" "*

How related to deceased " "

## CAUSES OF DEATH

Primary *Valvular Disease*How long *2 yrs*Immediate *of heart & measles*How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Francis A. Sinclair*Address *1319, I St. NW*Accident or Suicide? *neither**Wash D.C.*PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph Lenti's*  
Died at *Washington, D.C., Leasouth Hospital* *MARYLAND*  
Date of death *1960* *Feb* *4* Age *35* *Not Known*  
Sex *Male* Color or Race *Black* Birth-place *Md.*  
Occupation *Labourer* Where Residing if not at place of death *Md.*  
Married, ~~Single~~ *or Widowed* Name of Wife or Husband *Maiana Lenti's*  
Father's Name *Not Known* Father's Birthplace *Md.*  
Mother's Maiden Name *Not Known* Mother's Birthplace *Md.*  
Name of person giving Information *L. E. Sweeney, Sheriff* How related to deceased *None*

CAUSES OF DEATH

Primary *Gun shot wound*

Immediate *Peritonitis*

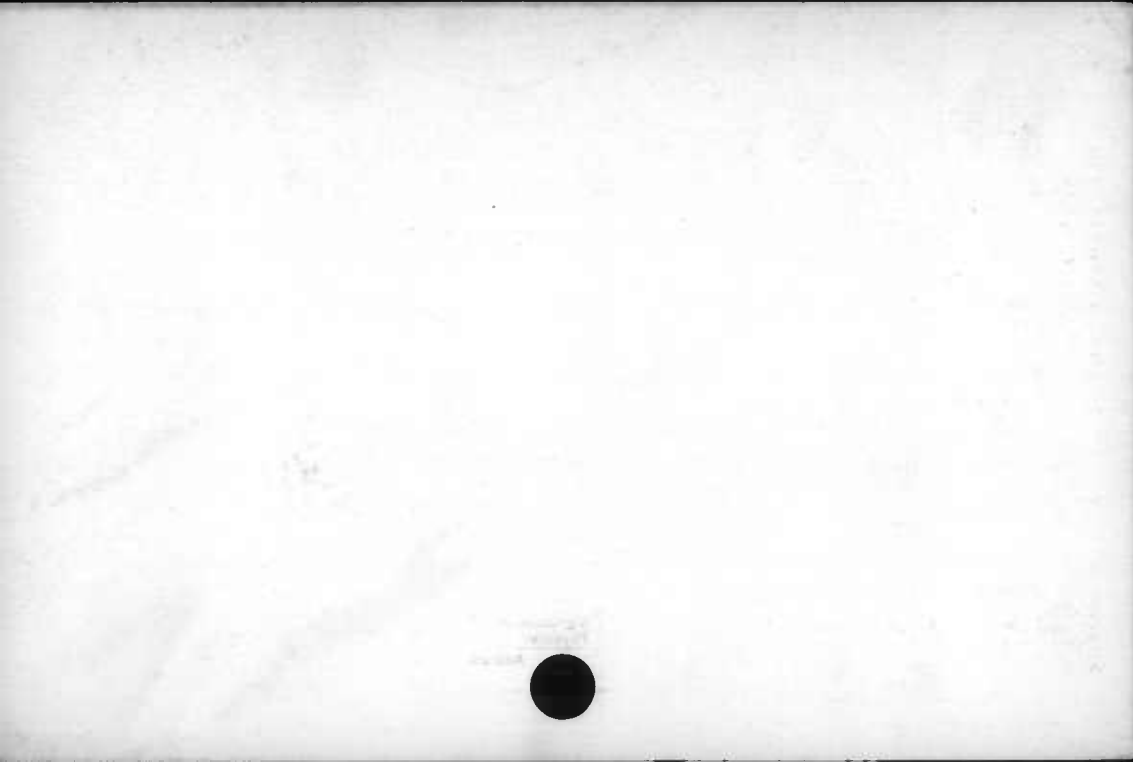
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*J. Alfred Pickens, Jr.*  
*Acting Coroner*  
*Upper Marlboro, Md.*

Accident ~~Causes~~



Name  
in  
Full

Anderson F. Duckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

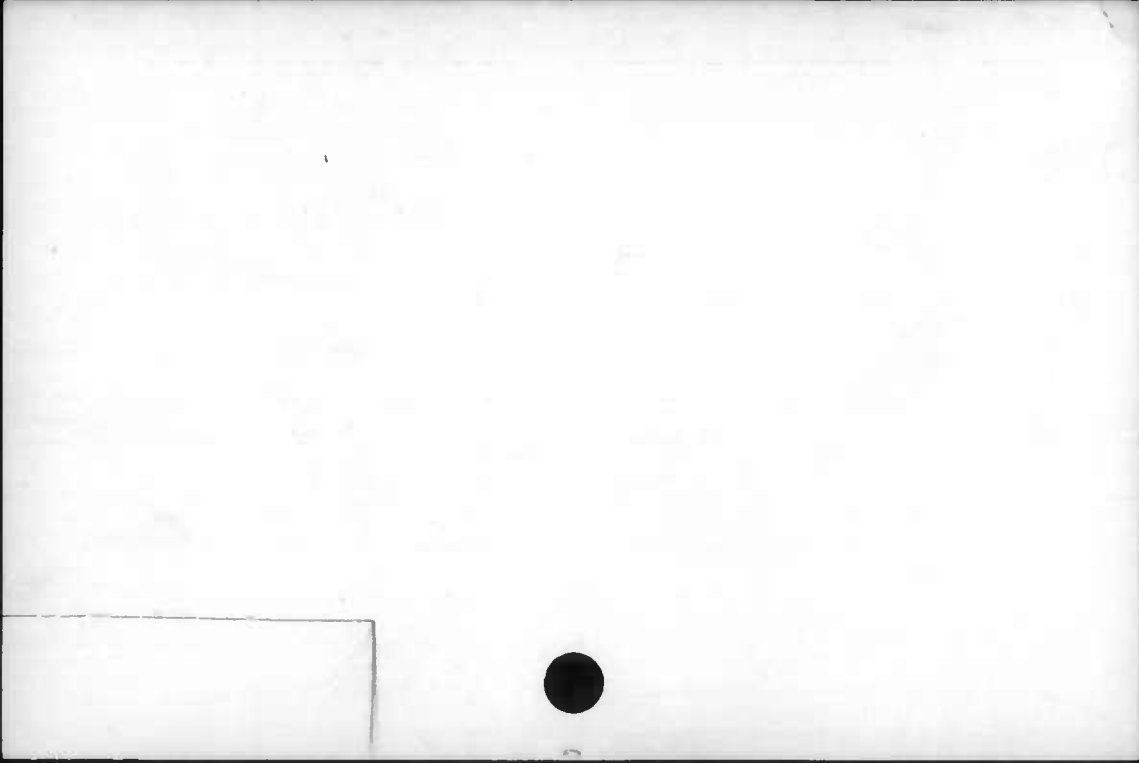
Died at <i>IB</i> Town		<i>Pr Geo</i> County		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>2</i>	Day	<i>13</i>
Age		<i>28</i>		Months	
Sex	<i>male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>MD</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Eva Smith Duckett</i>		
Father's Name	<i>Joe Duckett</i>		Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>Clarisy Hawkins</i>		Mother's Birthplace	<i>MD</i>	
Name of person giving Information	<i>Sidney Duckett</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

*27* ✓

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Several years</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John A. Cor</i>	
		Address	
		<i>IB. MD.</i>	
Accident or Suicide			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

*Annand Edelin*  
Town *Washwood* County *Pr. Geo's*

MARYLAND

Date

of death

1908

Month

2

Day

21

Age

Years

Months

Days

12

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Ind*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Single*

Name of Wife or  
Huaband

Father's  
Name

*George Edelin*

Father's  
Birthplace

*Ind*

Mother's  
Maiden Name

*Fannie Watson*

Mother's  
Birthplace

Name of parson giving  
Information

*Rinaldo Edelin*

How related  
to deceased

*Grandfather*

CAUSES OF DEATH

Primary

*Inanition*

How long

*14 days.*

Immediata

*Exhaustion*

How long

*few hours*

Are the name, age, sex, color, data  
and place correctly given above?

*Yes*

Signature of  
Physician

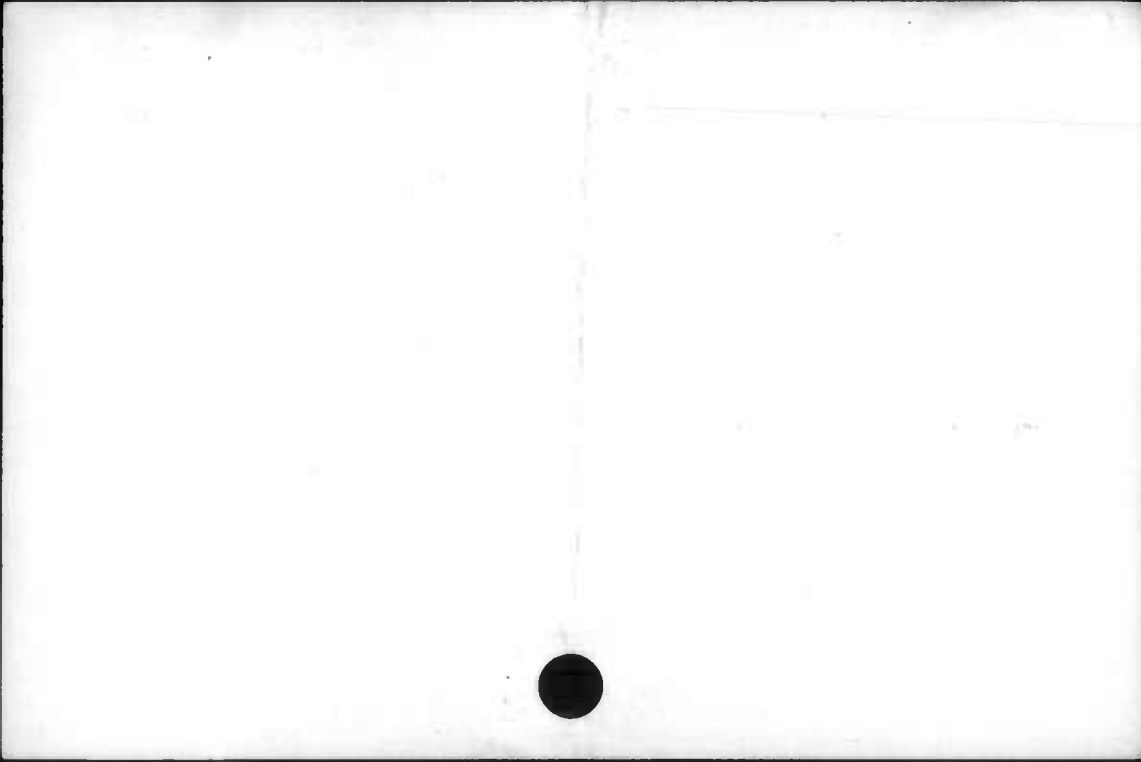
Address

*J. Morton Baum*  
*Aquano*  
*Ind.*

Accident or Suicida

*No.*

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ellen Ennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Diad at <sup>Town</sup> Upper Marlboro <sup>County</sup> Prince Georges

Date of death 1900 <sup>Month</sup> 2 <sup>Day</sup> 23 Age <sup>Years</sup> 86 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race Colored Birth-place Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Widowed Nema of Wife or Husband Thomas Ennis

Father's Name Dr. Know Father's Birthplace Unknown

Mother's Maiden Name " " Mother's Birthplace Unknown

Name of person giving Information James Butler How related to deceased grand-son

CAUSES OF DEATH

142

Primery Senile Gangrene How long 15 months

Immadiate Exhaustion How long

Are the nama, age, sax, color, dete and place correctly given above? No Signature of Physician R. S. Anson

Address Upper Marlboro

Accident or Suicida

PHYSICIAN  
OR CORONER



Name  
in  
Full

Anna W. Eversfield

## CERTIFICATE OF DEATH

Died at

Cheltenham

P. G.

MARYLAND

Date

of death 1900

Month

Feb

Day

3

Years

Age

80

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

New York

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Charles E. Eversfield

Father's  
Name

Amzi Howard

Father's  
Birthplace

New York

Mother's  
Maiden Name

Charlotte Gay

Mother's  
Birthplace

Mass

Name of person giving  
Information

Rebecca B. Berry

How related  
to deceased

Friend

## CAUSES OF DEATH

Primary

Myocardial Heart disease

How long

79

20 minutes

Immediate

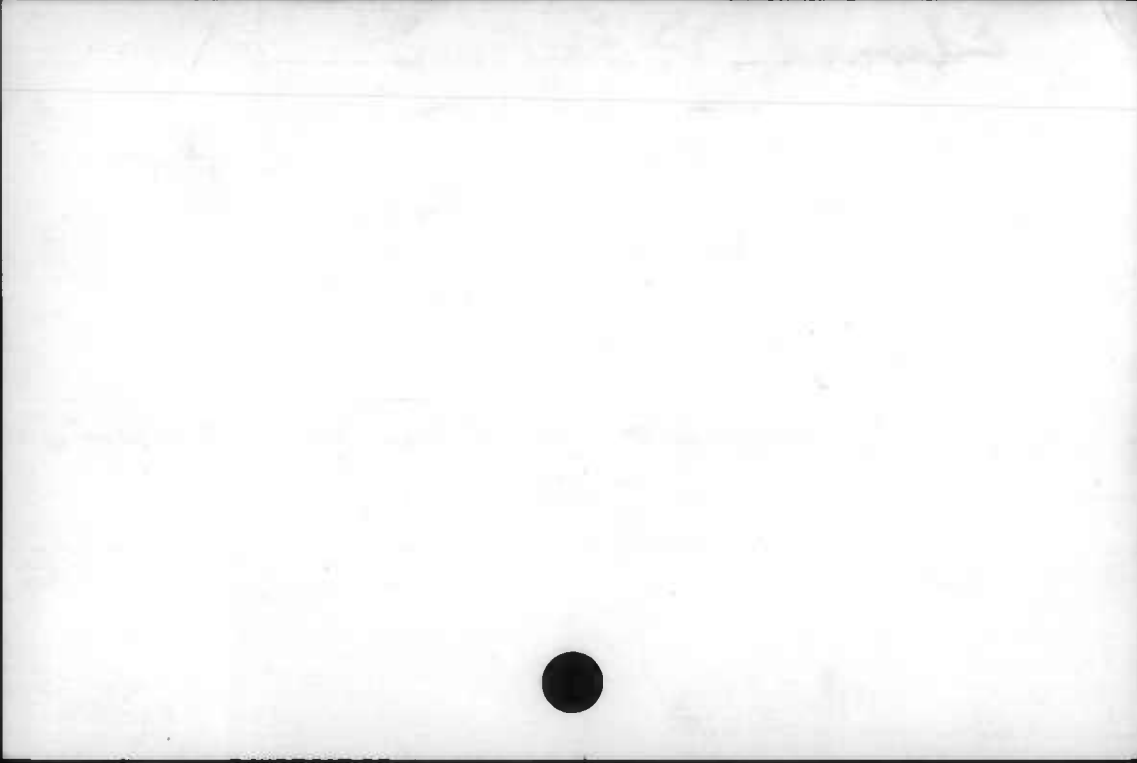
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

W. J. Gibbons  
Crofton Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Edward P. Fletcher

Town

County

Collington

Prince George

MARYLAND

Died at

Date

of death

1900

Month

Feb

Day

26

Age

Years

1

Months

3

Days

Sex

male

Color or  
Race

colored

Birth-  
place

Prince George's

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Hebrew Fletcher

Father's  
Birthplace

Prince George's Co. Md.

Mother's  
Maiden Name

Mary E Arnold

Mother's  
Birthplace

" " "

Name of person giving  
Information

Hebrew Fletcher

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

Five days

Immediate

Dyspnoea

How long

Several hours

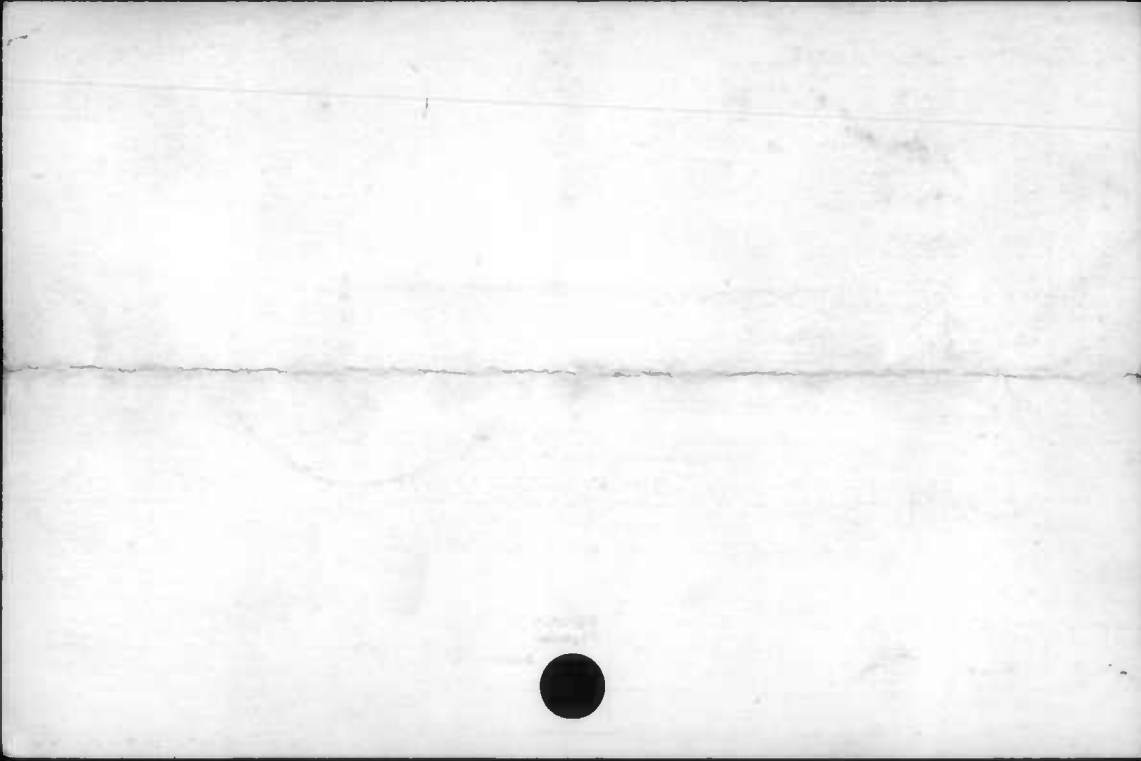
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. M. O'Connell M.D.  
Springfield  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Lillie M Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

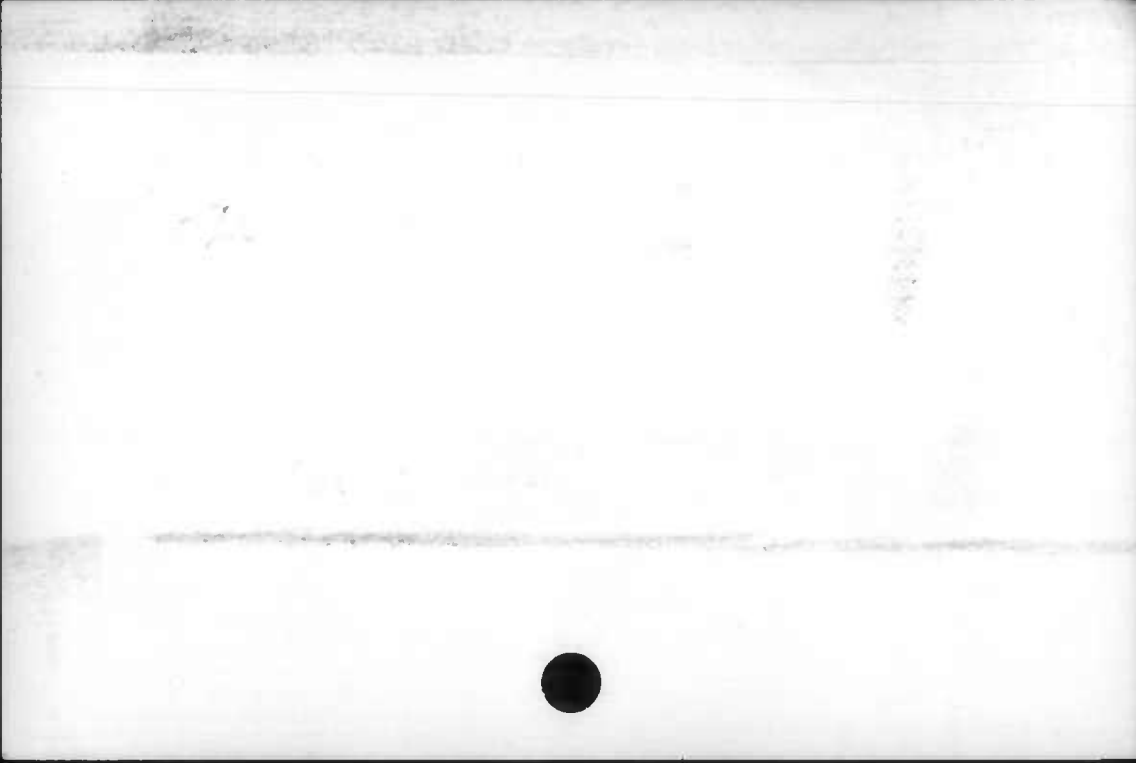
Died at <i>Upper Marlboro,</i>		Town <i>Br Geo</i>		County		MARYLAND	
Date of death <i>1960</i>		Month <i>July</i>		Day <i>6</i>		Age <i>16</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>A. A Co. Md</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>A. A Co Md</i>		Mother's Birthplace <i>A. A Co "</i>	
Father's Name <i>R. E. Ford</i>		Mother's Maiden Name <i>Rogers</i>		How related to deceased <i>Brother</i>			
Name of person giving Information <i>Olin Ford</i>							

## CAUSES OF DEATH

93

Primary	<i>Pneumonia</i>	How long	<i>1 Week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Gifford</i>	
		Address <i>Upper Marlboro Md</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Gable,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Laurel Town Prince George County MARYLAND  
Date of death 1900 Feb. Month 22 Day 17 Years days Months Days  
Sex male Color or Race White Birth-place Laurel  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband George Gable  
Father's Name George Gable Father's Birthplace Annapolis  
Mother's Maiden Name Clara A. Gable Mother's Birthplace Laurel  
Name of person giving Information Nellie Neuman How related to deceased Sister

CAUSES OF DEATH

Primary Inanition 151 How long 1 mte.  
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

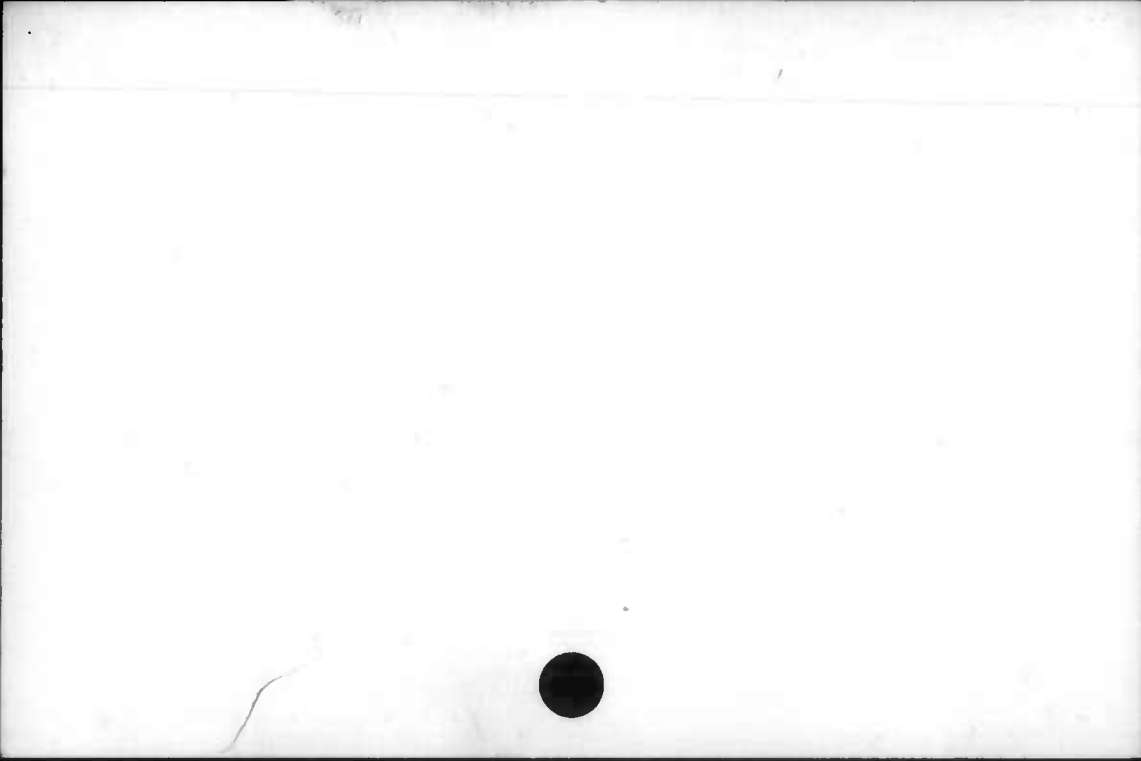
Yes

Signature of Physician

Address

Dr. R. C. Harley  
Laurel  
MD

Accident or Suicide



Name  
in  
Full

Thomas Geary

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

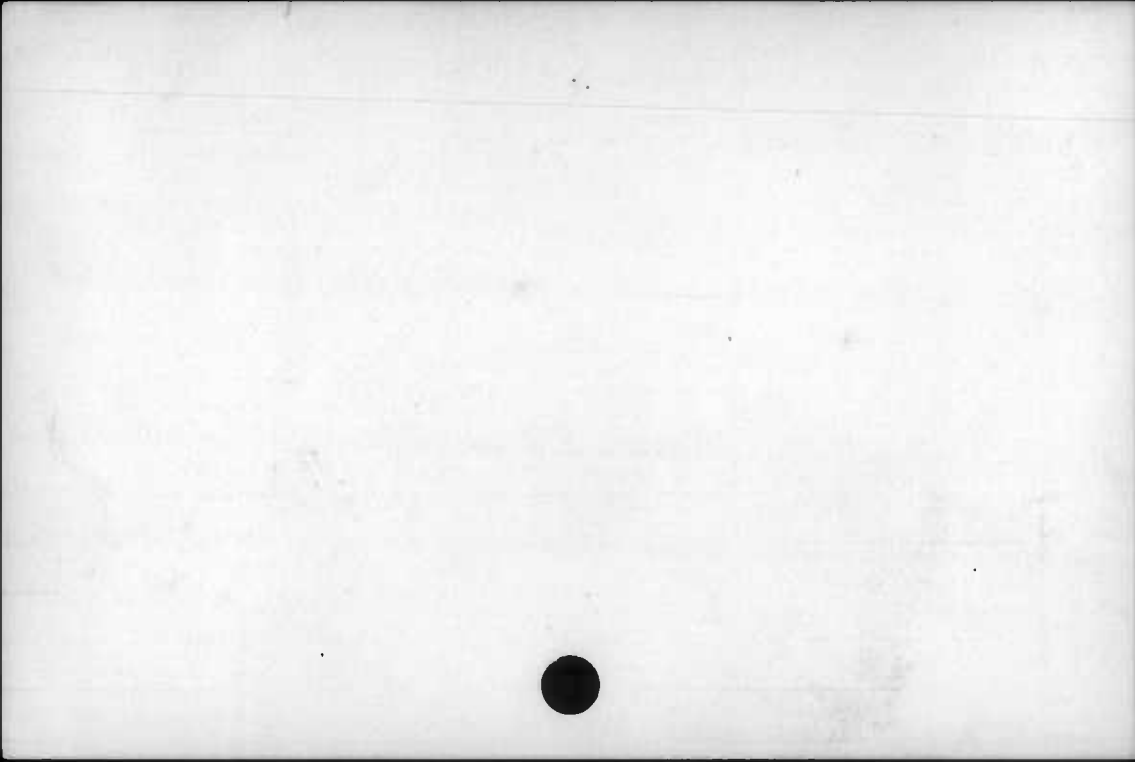
Died at <i>Oken Hill</i> <small>Town</small>		<i>Prince Georges</i> <small>County</small>		MARYLAND	
Date of death	<i>1901</i> <small>Year</small>	<i>Feb</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>84</i> <small>Years</small>	<i></i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Old</i>			
Occupation <i>lunatic</i>	Where Residing if not at place of death <i>Residence of Fisher</i>				
Married <del>Single</del> or Widowed	Name of Wife or Husband <i>Margaret Duffy</i>				
Father's Name <i>Thomas Geary</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Annie Spellman</i>	Mother's Birthplace <i>Old</i>				
Name of person giving information <i>Naomi Fisher</i>	How related to deceased <i>Had charge of him</i>				

CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	How long <i>18 yrs</i>
Immediate <i>Convulsions</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. D. Simpson</i>
	Address <i>Conny Heights R. D. 5</i>
Accident or Suicide?	



Name  
in  
Full

Thomas E. R. German

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Branchville <sup>Town</sup> M. George <sup>County</sup> **MARYLAND**

Date of death 1900 <sup>Month</sup> Feb <sup>Day</sup> 21 <sup>Years</sup> 75 <sup>Months</sup> 11 <sup>Days</sup> 10

Sex Male Color or Race White Birth-place Balto. Co. Md

Occupation At home Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Anna Van Horn German

Father's Name Benedict German Father's Birthplace Balto. Co. Md

Mother's Maiden Name Mary Bayn Mother's Birthplace Balto. Co. Md

Name of person giving Information Anna V. H. German How related to deceased Wife

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary Grippe followed by Broncho Pneumonia How long 10 days

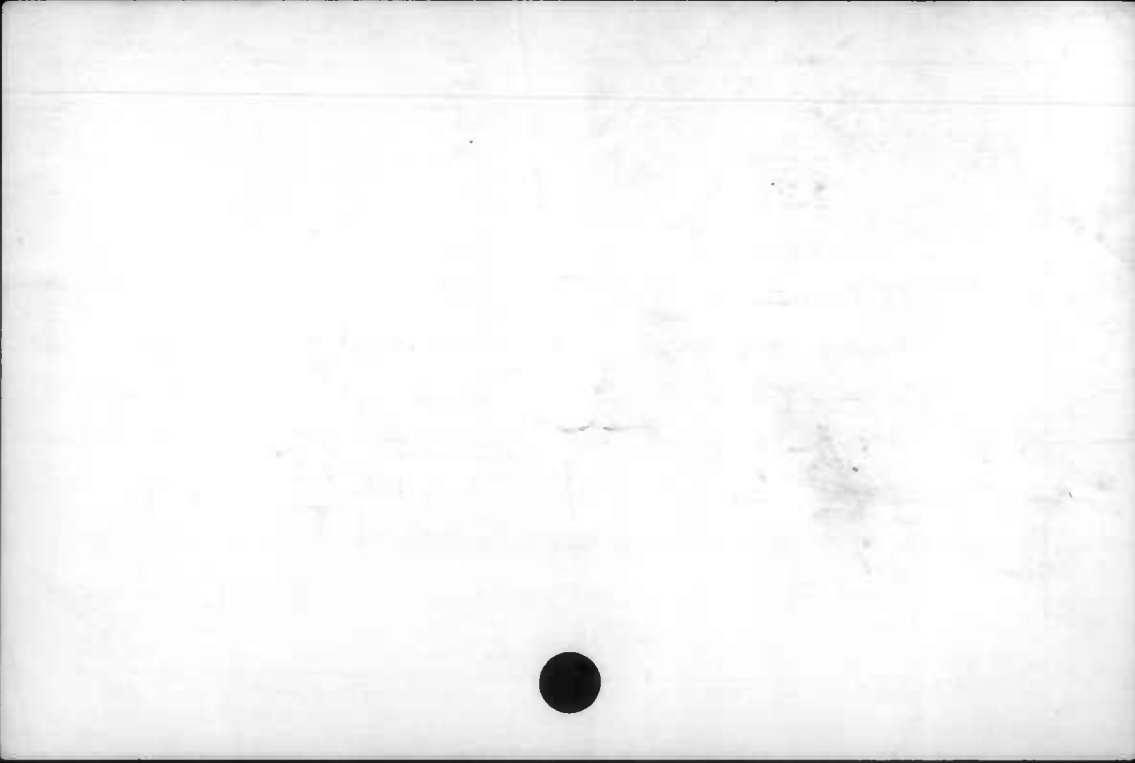
Immediate Aspnoea How long 24 hours

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician A. D. Etienne

Address Berwyn Md

Accident or Suicide ☐





Name  
in  
Full

*Louis Giachetti*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Hyattsville* <sup>County</sup> *Prince Geo* **MARYLAND**

Date of death 19*10* <sup>Month</sup> *Febr.* <sup>Day</sup> *14* <sup>Years</sup> *57* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *N y*

Occupation *Janitor* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Peter Giachetti* Father's Birthplace *Italy*

Mother's Maiden Name *Cathrine Desmond* Mother's Birthplace *Ireland*

Name of person giving Information *William Giachetti* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

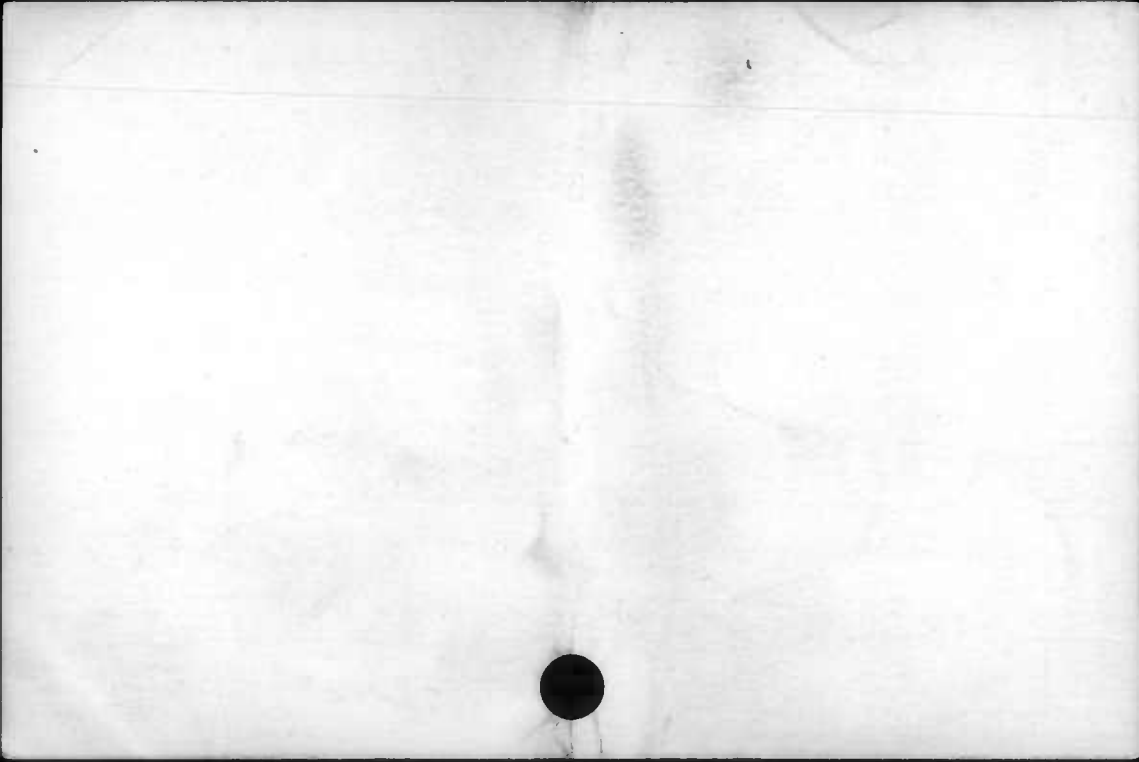
Primary *Pneumonia* <sup>How long</sup> *Six days*

Immediate *"* <sup>How long</sup> *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. T. Willis* Address *Hyattsville Md.*

Accident or Suicide *no*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William L. Guyton  
Town Glendale County P. George  
Died at  
Date of death 1900 Feb 7th Age 75-  
Sex Male Color or Race White Birth-place Bellair Md  
Occupation Carpenter Where Rasiding if not at place of death  
Married, Single or Widowed Single Name of Wifa or Husband dont know  
Fathar's Name Unknown Father's Birthplace  
Mothar's Maiden Nama Mother's Birthplace  
Name of parson giving Information N. E. Mulliken How related to deceased Not related

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Found dead in his building. He was an Epileptic and I think he fell and died from exposure of the cold  
Immediate  
Are the name, age, sex, color, and place correctly given above? James H. Truitt  
Physician Address Bowie Md  
Accident or Suicide no

WILSON  
1957  
HRA

Name  
in  
Full

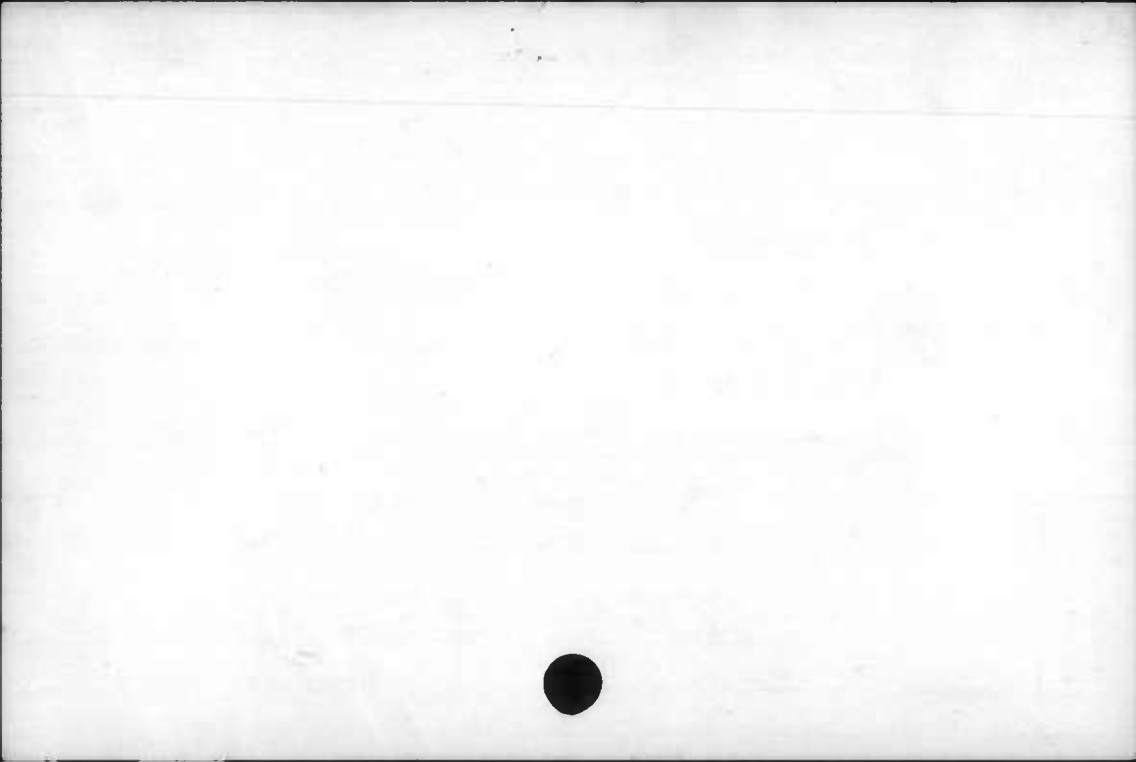
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William H Hall</i>		Town <i>Chattanooga</i>		County <i>Pr Geo</i>		State <i>MARYLAND</i>	
Died at		Month <i>July</i>		Day <i>5</i>		Years <i>86</i>	
Date of death 19 <i>40</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Farming</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harethe E Hall</i>					
Father's Name <i>Wm H. T. T. Lee</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Susana</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Lee Hall</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Constriction of Lungs</i>	<i>94</i> ✓	How long	<i>2 day</i>
	Immediate	<i>Heart failure</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Ed H. Gibbons</i>	
				Address <i>Crown Ind</i>	
<i>Accident or Suicide</i>					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Byron D. Hamlet

Died at *Landon* TownCounty *Prince Georges*

MARYLAND

Date of death 19*10* Feb'y

Month

Day

24

Age 33

Years

Months

11

Days

3

Sex

*male*Color or  
Race*white*Birth-  
place*Louisiana*

Occupation

*Hotel Keeper*Where Residing if not  
at place of death*Greenland, N.Y.*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Mary C Hamlet*Father's  
Name*George B Hamlet*Father's  
Birthplace*Ohio*Mother's  
Maiden Name*Liebler Watson*Mother's  
Birthplace*Arkansas*Name of person giving  
In formation*George B. Hamlet*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Lobular Pneumonia*

How long

*5. days*

Immediate

How long

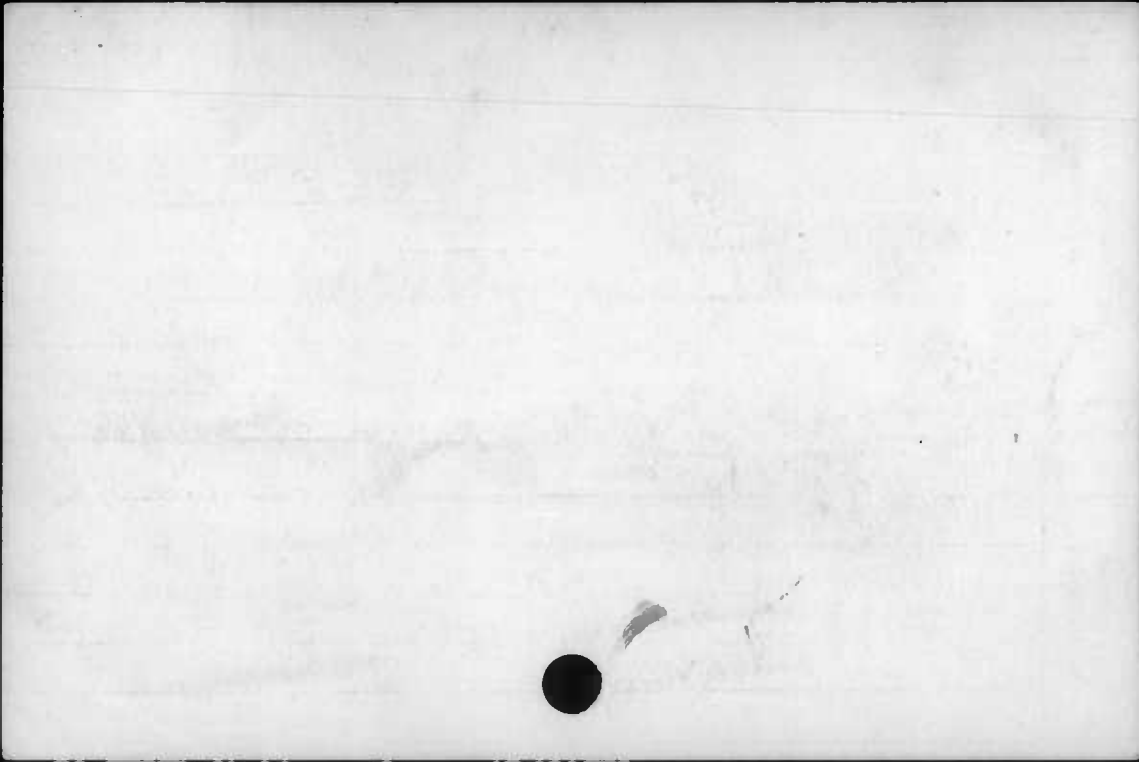
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Nelson A. Pyon, M.D.*

Address

*Bowie*

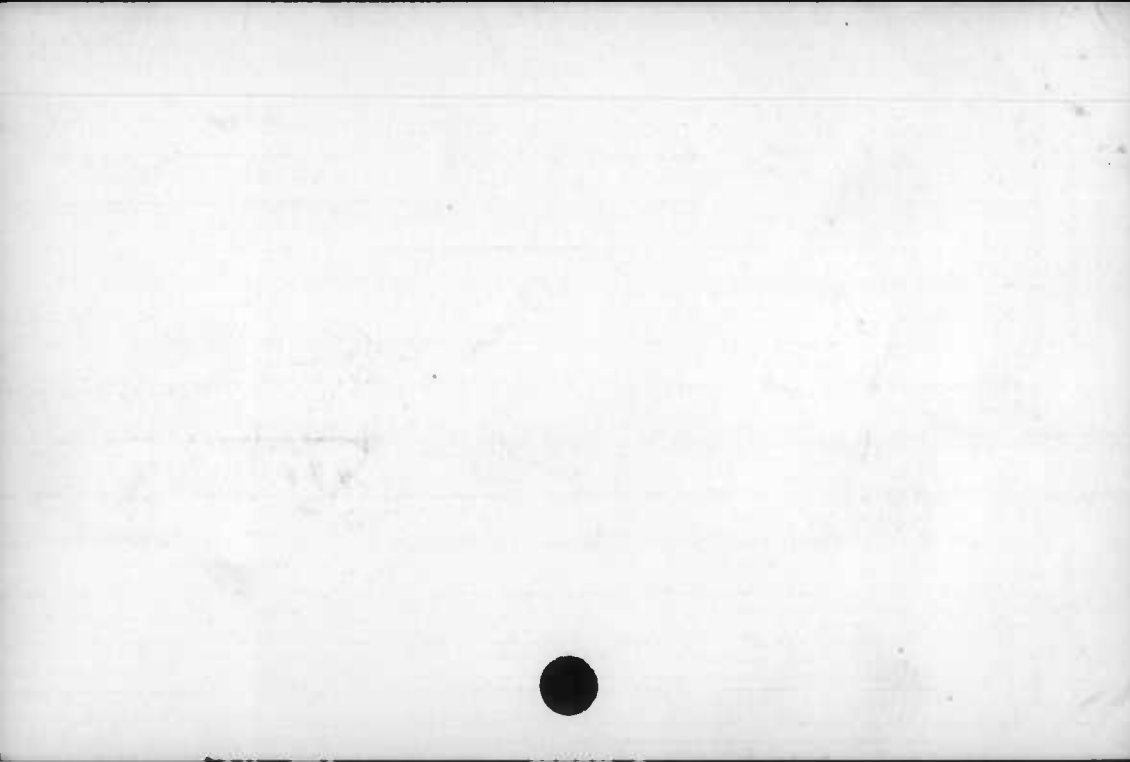
Accident or Suicide?

*No**md*PHYSICIAN  
OR CORONER





Name in Full <b>Sarah Harper</b>		CERTIFICATE OF DEATH	
Died at <b>Baden</b> Town		<b>Prince George</b> County	
Date of death <b>1900</b> Month <b>February</b> Day <b>10</b>		Age <b>70</b> Years Months _____ Days _____	
Sex <b>Female</b>		Color or Race <b>Colored</b>	
Occupation <b>Housewife</b>		Birth-place <b>Maryland</b>	
Where Residing if not at place of death _____			
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband _____	
Father's Name <b>Henry Gantt</b>		Father's Birthplace <b>Maryland</b>	
Mother's Maiden Name <b>unknown</b>		Mother's Birthplace _____	
Name of person giving information <b>Thomas Harper</b>		How related to deceased <b>Son</b>	
CAUSES OF DEATH			
Primary <b>Unknown</b>		How long _____	
Immediate _____		How long _____	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Ernest H. Garner</b>	
Accident or Suicide? _____		Address <b>Act coroner</b> <b>North Keys, Md.</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at

meadows

Town

County

P. Es Co.

Date

of death

1909

Month

Feb

Day

16

Age

22

Years

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Md.

Occupation

Labour

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Alestia Hankins.

Father's  
Name

John P. Hankins.

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary Emily Fleet

Mother's  
Birthplace

Md.

Name of person giving  
Information

John P. Hankins.

How related  
to deceased

Father.

## CAUSES OF DEATH

29

Primary

Tuberculosis.

How long

6 mo.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John E. Sansbury.  
Forestville.  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Capitol Heights* <sup>Town</sup> *Prince Georges* <sup>County</sup> *MARYLAND*  
 Date of death *1940 Feb 27* <sup>Month</sup> <sup>Day</sup> Age *—* <sup>Years</sup> *still born* <sup>Months</sup> <sup>Days</sup>  
 Sex *male* Color or Race *white* Birth-place *md*  
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John H. Higdon*

Father's Birthplace *md*

Mother's Maiden Name *May Hoffman*

Mother's Birthplace *N.Y.*

Name of person giving Information *J. H. Higdon*

How related to deceased *father*

CAUSES OF DEATH

Primary *placental previa*

How long *9 mos.*

Immediate *asphyxia*

How long *15 min.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J M Brody*  
 Address *Kenilworth, N.J.*

PHYSICIAN  
OR CORONER

Accident or Suicide

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100



Name  
in  
Full

Ellen F. Holden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

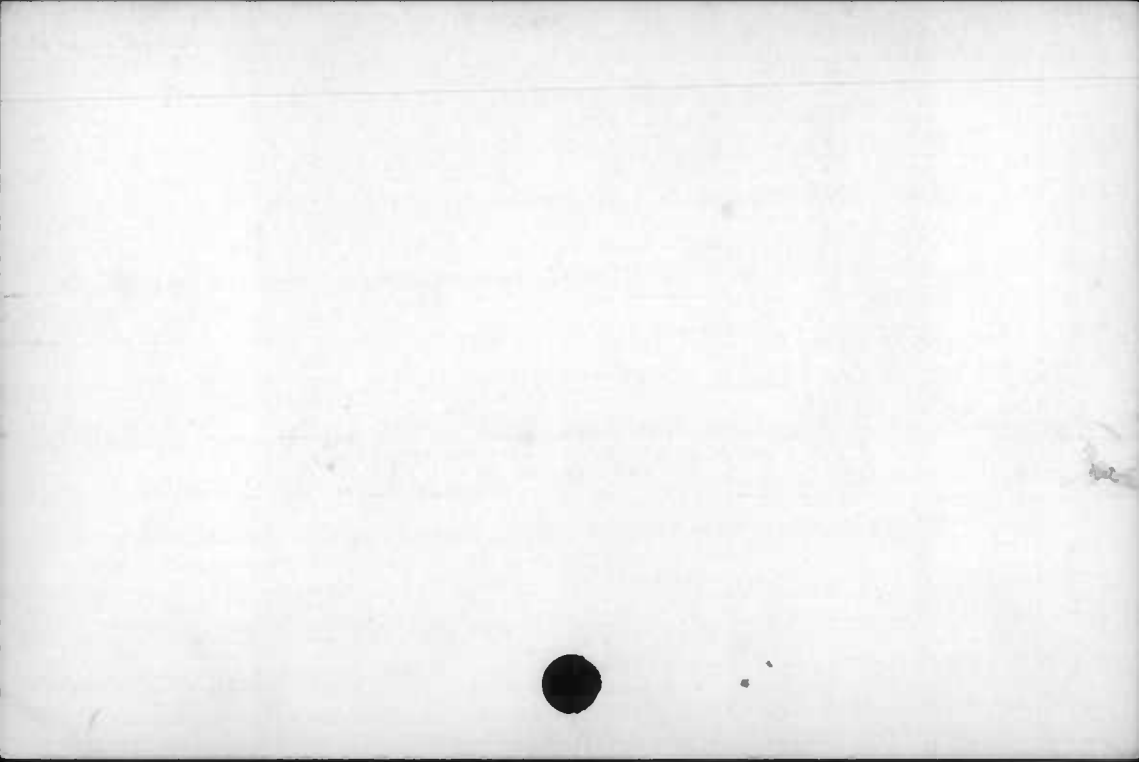
Died at <i>Hyattsville</i>		County <i>Prince Geo</i>		MARYLAND	
Date of death	19 <i>90</i>	Month <i>Feb</i>	Day <i>18</i>	Age <i>80</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Fredrick A Holden</i>				
Father's Name <i>Collins Capron</i>	Father's Birthplace <i>R.I.</i>				
Mother's Maiden Name <i>Caroline E. Selby</i>	Mother's Birthplace <i>N.H.</i>				
Name of person giving information <i>Fredrick A Holden</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

(18)

PHYSICIAN  
OR CORONER

Primary <i>Erysipelas</i>	How long <i>four days</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Willis</i>
	Address <i>Hyattsville</i>
Accident or Suicide? <i>no</i>	<i>Ind.</i>





Name  
in  
Full

Blanch Vanell Jackson.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

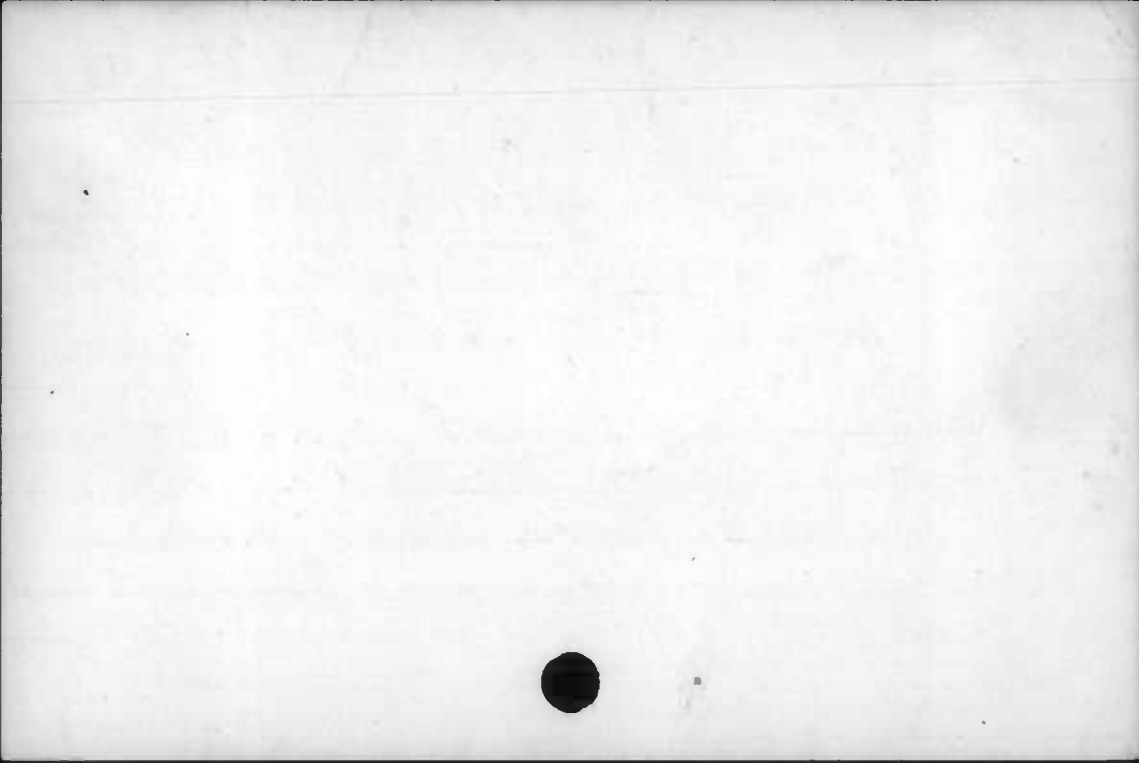
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		2	18				5
Sex	female		Color or Race	Colored		Birth-place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Wm Jackson.		Father's Birthplace		
Mother's Maiden Name			Lottie Jackson.		Mother's Birthplace		
Name of person giving information			William Jackson.		How related to deceased		
					father.		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Spinal. Weakness -	How long	from birth
Immediate	Exhaustion.	How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		acting Coroner, William H. Squires, Jr.	
Address		Brandywine.	
Accident or Suicide?		Md	



Name  
in  
Full

Elizabeth Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

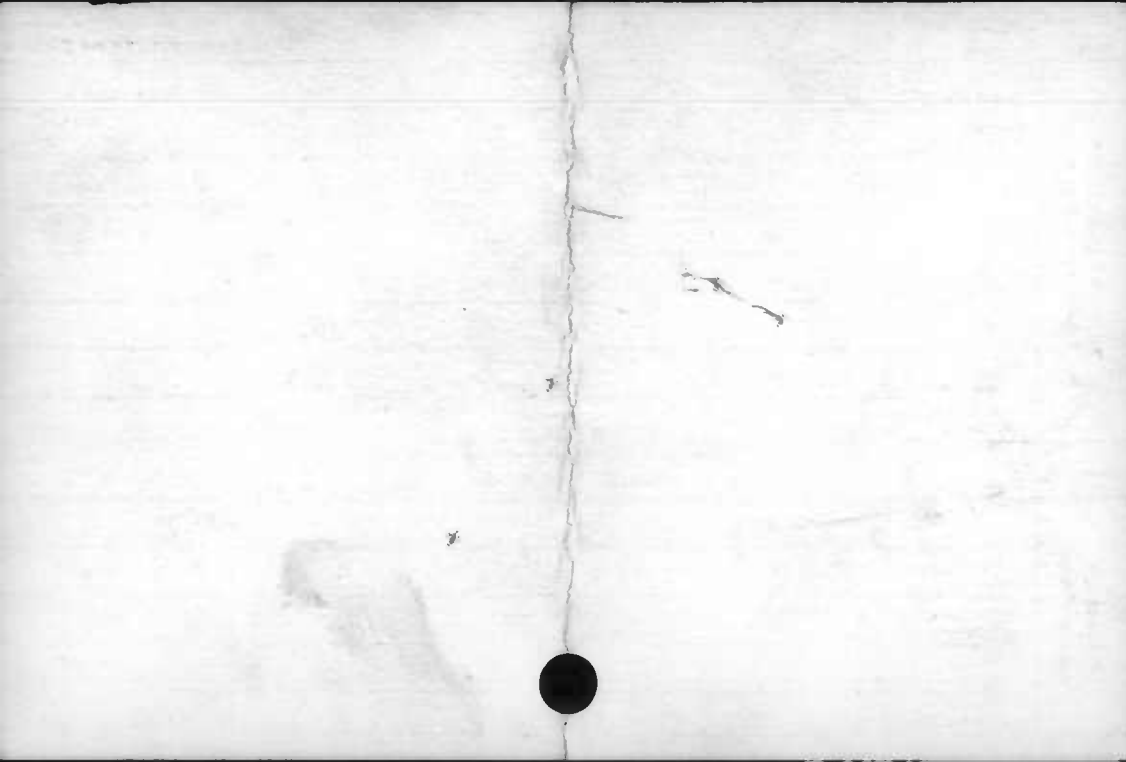
Died at		Town <i>Bowie</i>		County <i>Prince George</i>		MARYLAND	
Date of death		19 <i>00</i>	Month <i>Feb.</i>	Day <i>15</i>	Age <i>80</i>	Years <i>9</i>	Months <i>9</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Unknown</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John W. Johnson</i>					
Father's Name <i>John Taylor</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Beulah Phelps</i>		How related to deceased <i>Granddaughter</i>					

## CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary	<i>Bronchial Pneumonia</i>	How long <i>Two days</i>
Immediate	<i>Cardiac Asthenia</i>	How long <i>Just four hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Driscoll M.D.</i>
		Address <i>Springfield</i>
Accident or Suicide		<i>Inc.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

\_\_\_\_\_ Jones  
Died at Upper Marlboro Town Prince George County MARYLAND  
Date of death 1900 Month 2 Day 6 Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1  
Sex Male Color or Race Black Birth-place P. G. Co Md  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name John T. Jones Father's Birthplace P. G. Co Md  
Mother's Maiden Name Mary E Boyd Mother's Birthplace P. G. Co Md  
Name of person giving Information John T. Jones How related to deceased Father

CAUSES OF DEATH

Primary Don't Know 189 How long \_\_\_\_\_  
Immediate " " How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

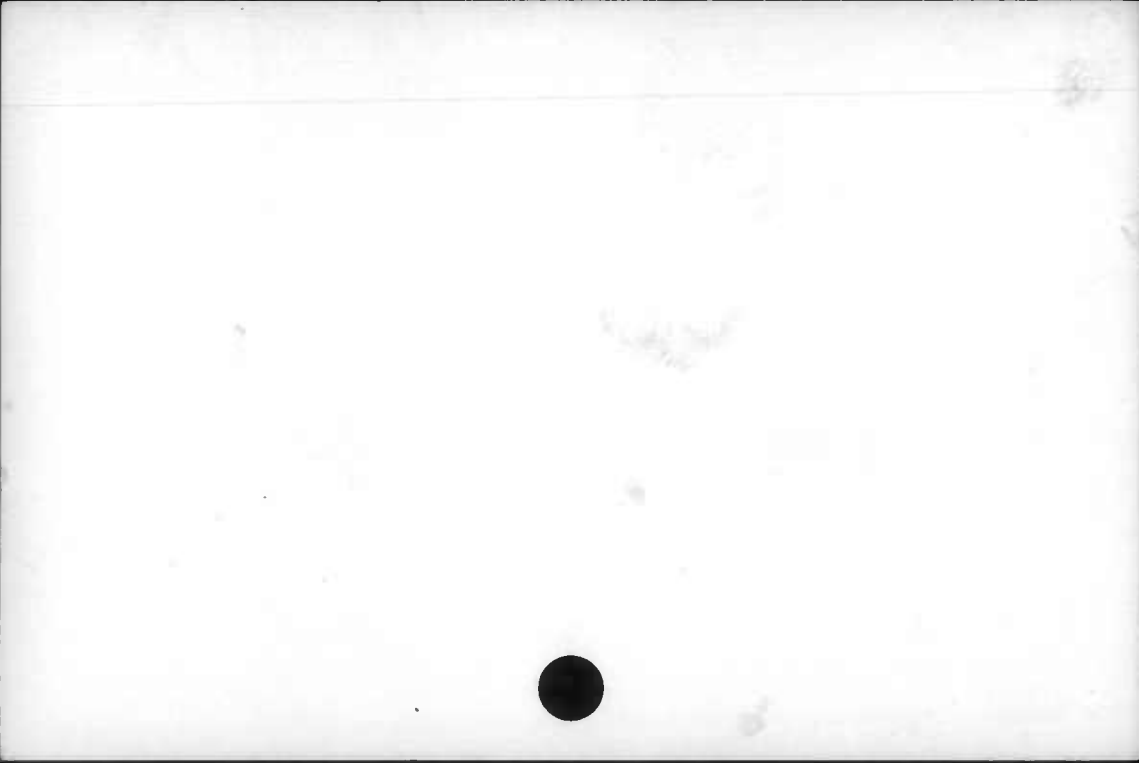
Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORNER

R Cross Smith  
Sub Registrar  
Upper Marlboro Md



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant Jones  
Died at *Mt. Rainier Prince George* County *Prince George* MARYLAND  
Date of death 19*08* / *10* Month *2* Day *6* Age *—* Years *—* Months *—* Days *—*  
Sex *Male* Color or Race *White* Birth-place *Ind*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *Richard T Jones* Father's Birthplace *Va*  
Mother's Maiden Name *Mary Agnes Smith* Mother's Birthplace *Ind*  
Name of person giving Information *R. F. Jones* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Born*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

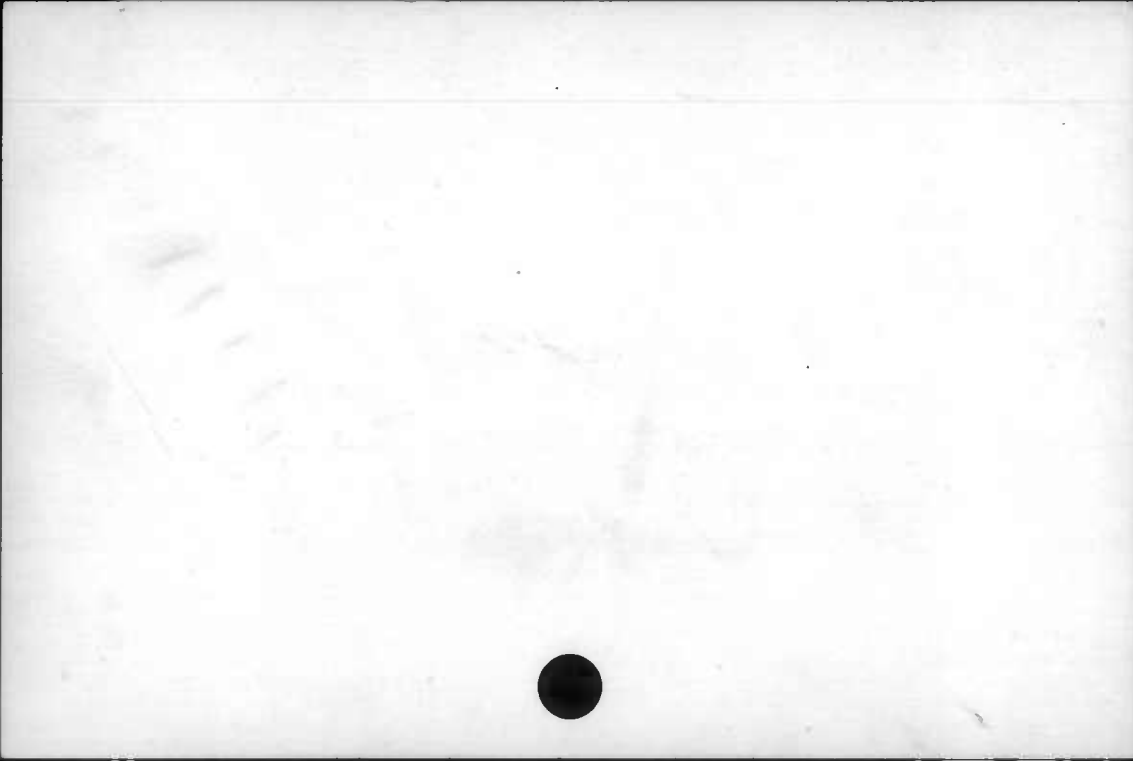
Signature of Physician

Address

*Harry Halley M.D.*  
*Mt. Rainier Ind*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James H. Kirk</i>		Town <i>Lexedo</i>		County <i>P. George</i>			
Died at <i>Lexedo</i>		Month <i>Feb.</i>		Day <i>25</i>		Years <i>53</i>	
Date of death <i>1940</i>				Age <i>53</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Days <i>—</i>	
Occupation <i>grocer</i>		Where Residing if not at place of death <i>Lexedo Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Maggie Kirk</i>					
Father's Name <i>Edward J. Kirk.</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Minnie J. Kirk.</i>		Mother's Birthplace <i>Indiana</i>					
Name of person giving Information <i>Arthur Scofield</i>		How related to deceased <i>Brother in law</i>					

## CAUSES OF DEATH

Primary <i>Myocardia</i>	How long <i>12 hours</i>
Immediate <i>Arthemia</i>	How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Savage</i>
	Address <i>Berming D. C.</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Not Rained Prince George

Date

of death

1980 Feb

Day

1st

Age

—

Years

—

Months

—

Days

—

MARYLAND

Sex

F

Color or  
Race

White

Birth-  
place

Ceter st.

Occupation

—

Where Residing if not  
at place of death

~~Married~~, Single

~~or Widowed~~

Name of Wife or  
Husband

Father's  
Name

Ed F. Laughton

Father's  
Birthplace

na

Mother's  
Maiden Name

Marjsh

Mother's  
Birthplace

Med

Name of person giving  
Information

Mrs. F. E. Laughton

How related  
to deceased

mother.

CAUSES OF DEATH

Primary

Still Birth.

How long

8

Immediate

Not known.

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

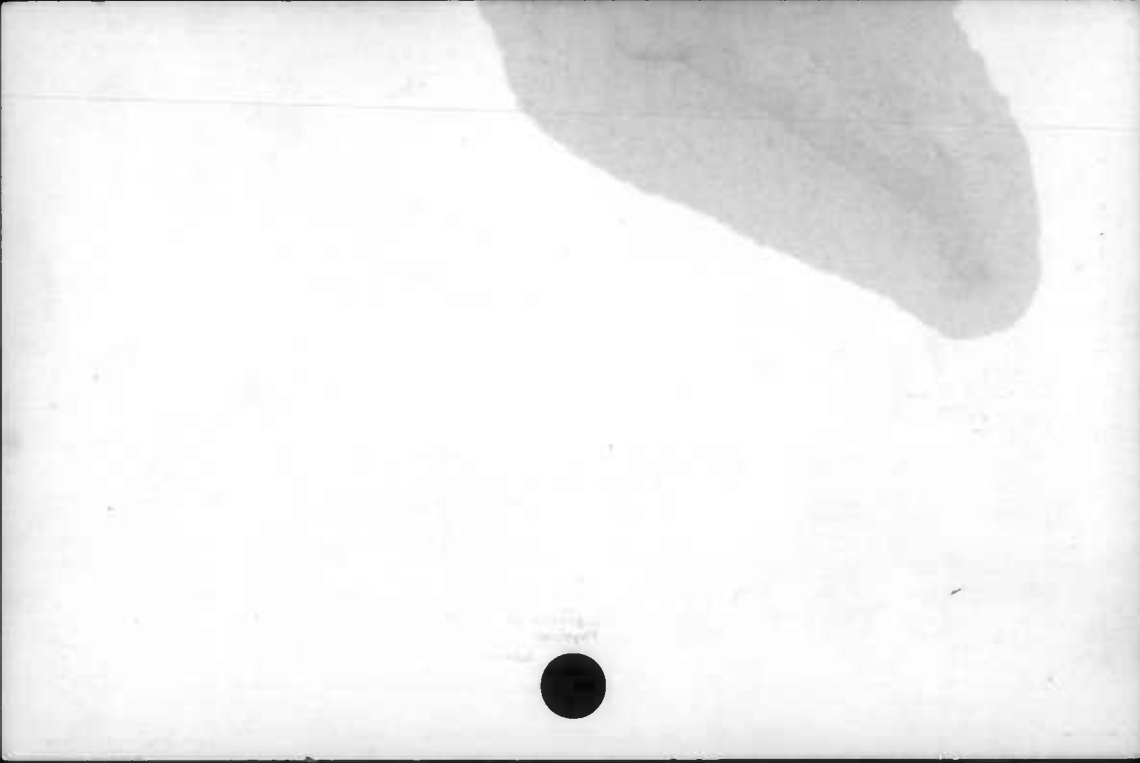
Signature of  
Physician

N.E. Webb.

Address

420-10 st. S.E.  
Washington D.C.

Accident or Suicide



George Sauharat Sr.

## MARYLAND

Died at <u>Hyattsville</u>		County <u>Pr Geo</u>		MARYLAND	
Date of death	1900	Month	Feb	Day	7
Age		79		Years	11
				Months	15

Sex	male	Color or Race	White	Birth-place	Germany
Occupation	Retired Farmer		Where Residing if not at place of death		

Married, Single or Widowed Widowed Name of Wife or Husband Margaret Fairbank

Father's Name	Unknown	Father's Birthplace	
---------------	---------	---------------------	--

Mother's Maiden Name	Mother's Birthplace
-------------------------	------------------------

Name of person giving information	How related to deceased

### CAUSES OF DEATH

120

Primary	<u>Nephritis</u>	How long	<u>3 years</u>
---------	------------------	----------	----------------

Immediate	Hypostatic Pneumonia	How long	3 days
-----------	----------------------	----------	--------

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician [Signature]

Address

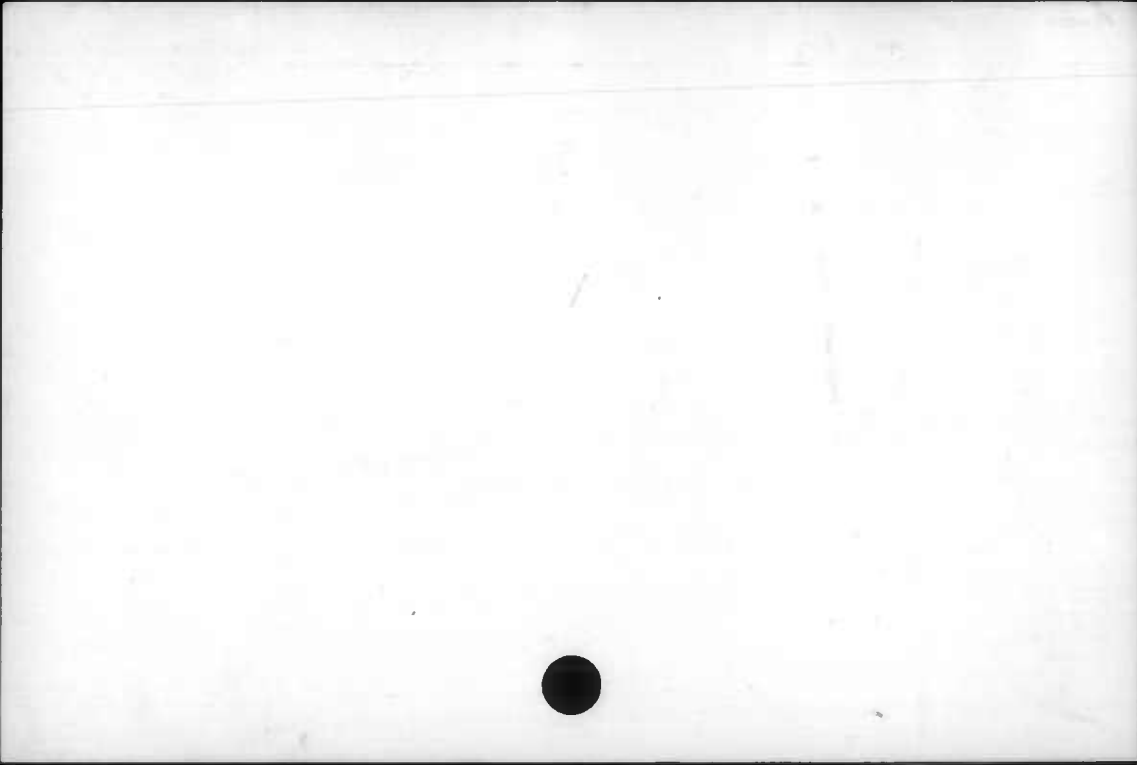
*Myotomella*

Accident or Suicide Neither

OFFICE SUPPLY CO., 11-15-08

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

John Lowndes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bowie <sup>Town</sup> P. George Co. <sup>County</sup> MARYLAND

Date of death 1910 <sup>Month</sup> Feb <sup>Day</sup> 12 <sup>Years</sup> 58 <sup>Months</sup> — <sup>Days</sup> —

Age 58

Sex Male Color or Race Colored Birth-place P. George Co.

Occupation Labourer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Louisa Lowndes

Father's Name Nace Lowndes Father's Birthplace P. George Co.

Mother's Maiden Name Eliza Lowndes Mother's Birthplace Charles Co.

Name of person giving Information Patrick Hall How related to deceased Son in Law

## CAUSES OF DEATH

How long I saw patient Feb 8<sup>th</sup> 1910

How long and did not see him again

Primary

I saw patient at my office and gave him treatment for severe cold

Immediate

From description given me he developed Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

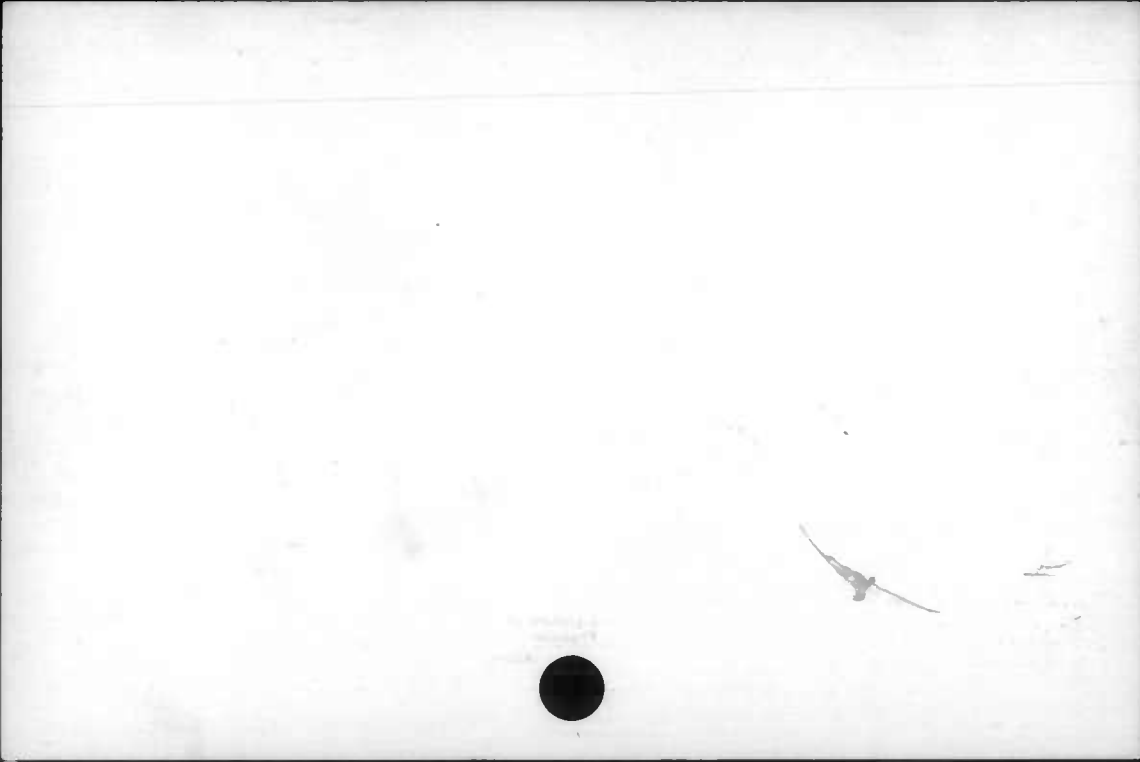
Signature of Physician

Address

James H. Truitt  
Bowie

Accident or Suicide

no





Name  
in  
Full

Bernard Luers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bowie <sup>Town</sup> Prince Georges <sup>County</sup> MARYLAND

Date of death 1940 <sup>Month</sup> February <sup>Day</sup> 13 <sup>Years</sup> Age 77 <sup>Months</sup> 6 <sup>Days</sup> 19

Sex Male Color or Race White Birth-place Germany

Occupation Retired Merchant Where Residing if not at place of death Bowie

Married, Single or Widowed Widower Name of Wife or Husband Anna J M. Luers, deceased

Father's Name Dont know Father's Birthplace Germany

Mother's Maiden Name Dont know Mother's Birthplace "

Name of person giving Information William Luers How related to deceased Son

CAUSES OF DEATH

Primary Pneumonia 92 <sup>How long</sup> 4 days

Immediate How long

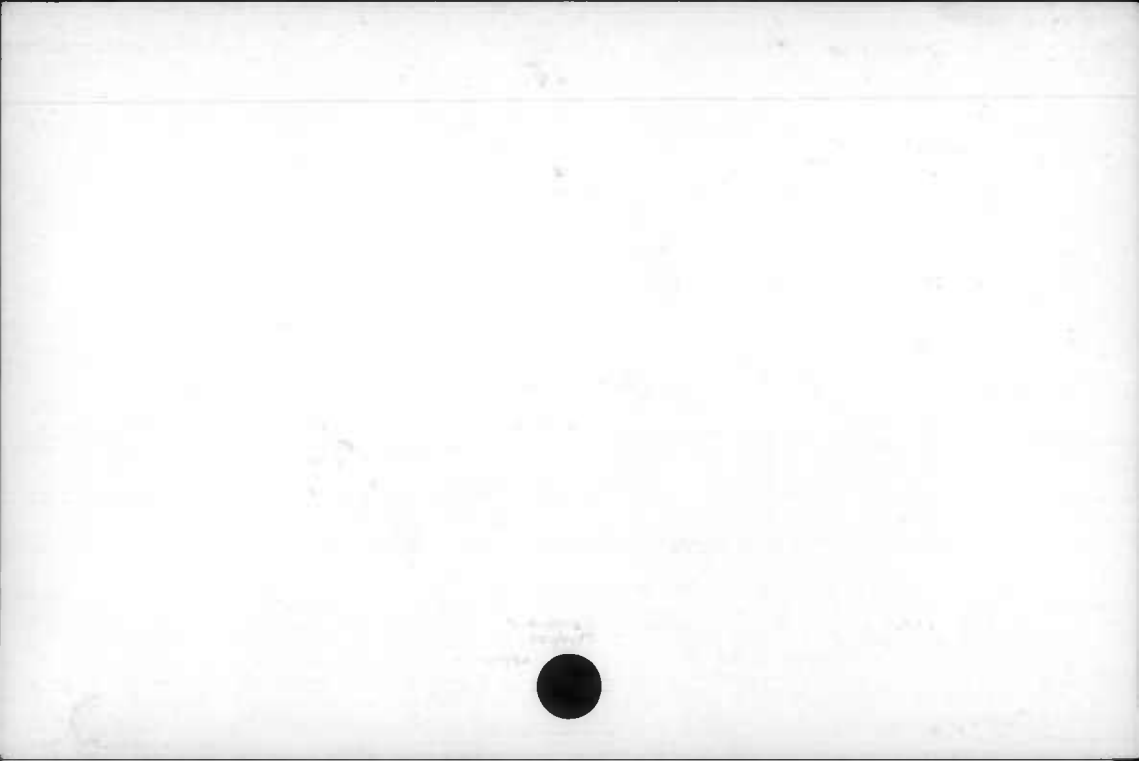
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Nelson A Ryons  
Bowie  
md

Accident or Suicide No



Name  
In  
Full

Chloris Mills

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Mattingham <sup>Town</sup> Pr Geo <sup>County</sup>

**MARYLAND**

Date of death 1960 <sup>Month</sup> Feb <sup>Day</sup> 5 <sup>Years</sup> 38 <sup>Months</sup> 0 <sup>Days</sup> 0

Sex Female Color or Race Colored Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Porter Miles

Father's Name Richard Ford Father's Birthplace Md

Mother's Maiden Name Burgara Egle Mother's Birthplace Md

Name of person giving Information Reck Johnson How related to deceased friend

## CAUSES OF DEATH

29 ✓

PHYSICIAN  
OR CORONER

Primary Tuberculosis How long 1 1/2 years

Immediate As Metastasis How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Hibbens

Address Croome Md

~~Accident or Suicide~~



Name  
in  
Full

## CERTIFICATE OF DEATH

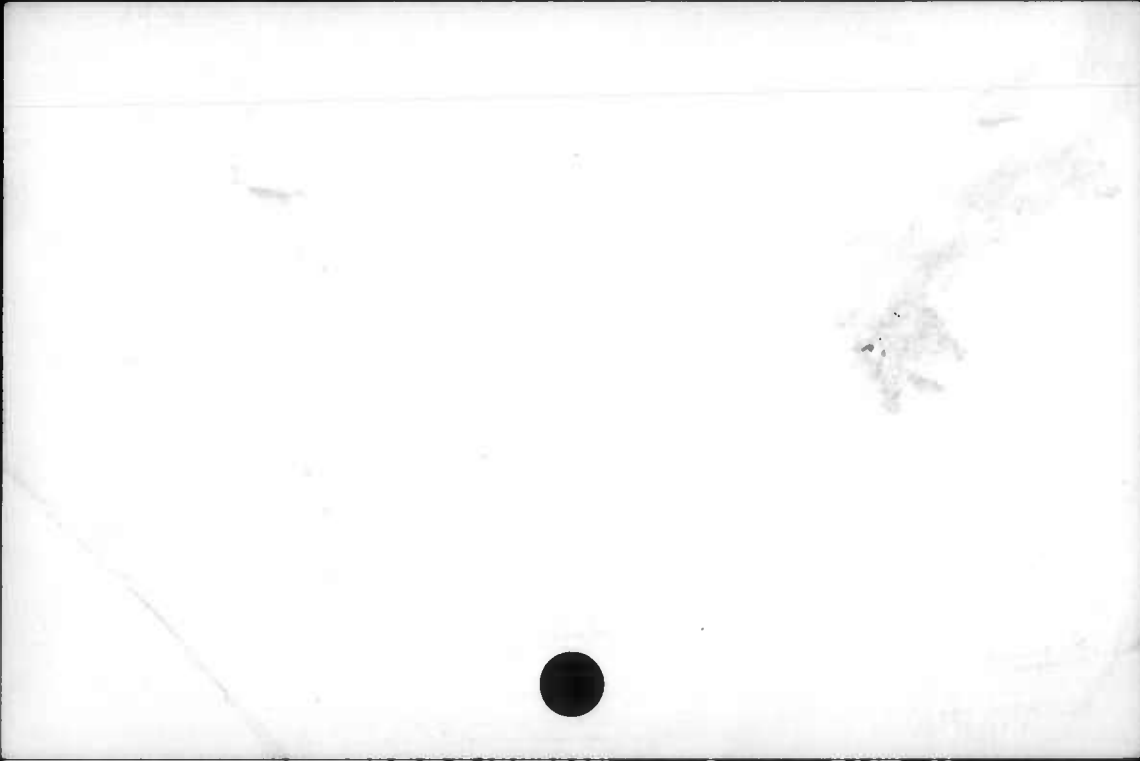
TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Morrison  
 Died at Laurel. Pr. Geo. County  
 Date of death 1960 2 16 Age 74  
 Sex Female, Color or Race white Birth-place A. A. Co.  
 Occupation Housewife Where Residing if not at place of death Laurel Md  
 Married, Single or Widowed Married Name of Wife or Husband Theodore Morrison  
 Father's Name Elisha. I. Burger Father's Birthplace France.  
 Mother's Maiden Name Margaret I. Burger Mother's Birthplace A. A. Co.  
 Name of person giving Information George W. Morrison How related to deceased Son.

## CAUSES OF DEATH

Primary Paraly sis (Hernia pleura) 3 Weeks  
 Heart failure Instant  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above? - Yes  
 Signature of Physician John Brown Miller  
 Address Laurel - Md  
 Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Allen M. Mulligan

CERTIFICATE OF DEATH

MARYLAND

Died at Oak Grove

Town

P. G. County

Date of death 1940

Month

2

Day

20

Age

Years

—

Months

—

Days

8

Sex

Male

Color or  
Race

White

Birth-  
place

P. G. Co. Ind

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

E. Randolph Mulligan

Father's  
Birthplace

P. G. Co. Ind

Mother's  
Maiden Name

Maud Huthington

Mother's  
Birthplace

Don't Know

Name of person giving  
Information

Lee J. King

How related  
to deceased

None

CAUSES OF DEATH

Primary

Don't Know

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

R. E. Smith

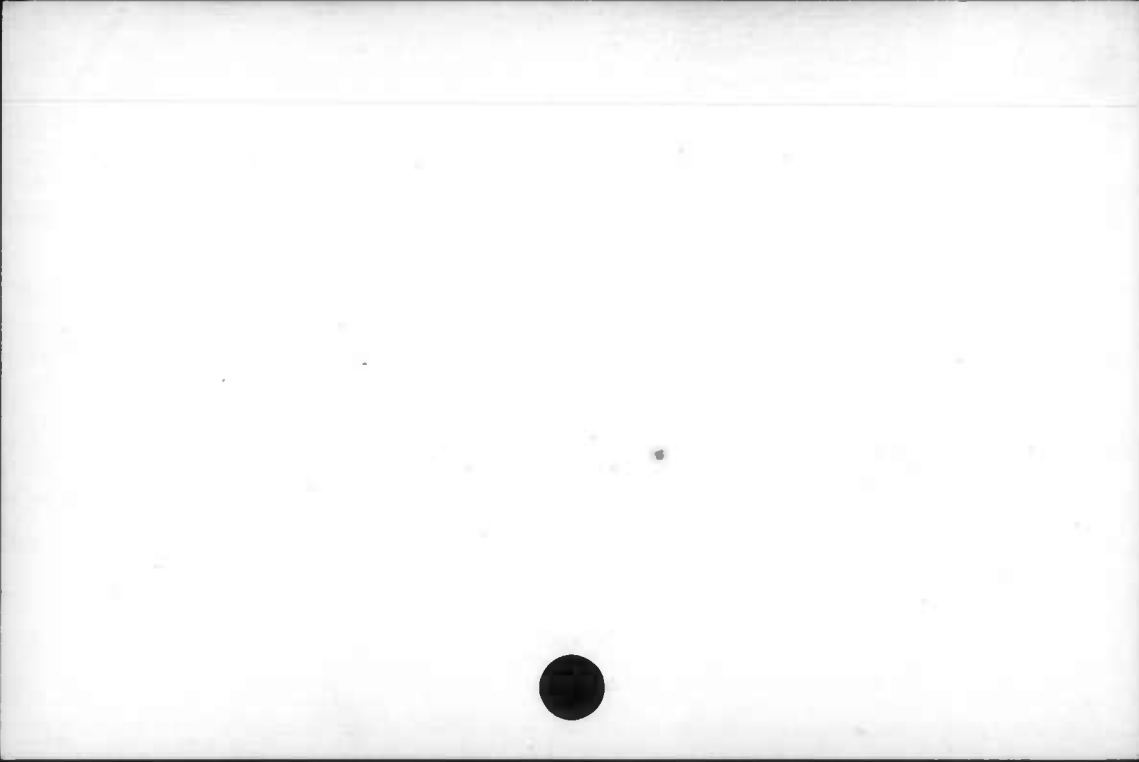
Address

Sub Registrar  
Upper Marlboro Ind

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Catherine Louise Tralley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bright Leaf <sup>Town</sup> Prince George <sup>County</sup> MARYLAND

Date of death 1940 <sup>Month</sup> Feb. <sup>Day</sup> 2 <sup>Years</sup> 63 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race White Birth-place Ind.

Occupation Housekeeping Where Residing if not at place of death Same

Married, Single or Widowed Widowed Name of Wife or Husband Joseph L. Tralley

Father's Name Phillip Hill Father's Birthplace Ind.

Mother's Maiden Name Margaret Mother's Birthplace Ind.

Name of person giving Information Floyd H. Tralley How related to deceased Son

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary Congestion of liver How long 10 days

Immediate Arterial How long 15 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician L. S. Savage

Address Bermining S. C.

Accident or Suicide? —

Trans. Guesh  
Mt. Orest

76

Name  
in  
Full

CERTIFICATE OF DEATH

*Ms. Betty A. Newberry.*  
Town *Laurel.* County *St. Geo.*

MARYLAND

Died at

Date

of death

19*40*

Month

*2*

Day

*3*

Age

Years

*55*

Months

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Va*

Occupation

*Housewife*

Where Residing if not  
at place of death

*Laurel Md.*

Married, Single  
or Widowed

*Married*

Name of ~~Wife~~ or  
Husband

*J. M. Newberry.*

Father's  
Name

*John. B. Barton*

Father's  
Birthplace

*Unknown*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

*Unknown*

Name of person giving  
Information

*J. M. Newberry.*

How related  
to deceased

*Husband.*

CAUSES OF DEATH

Primary

*General Paralysis*

How long

*6 mo*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

*W. F. Taylor M.D.  
Laurel Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Helen Bradshaw Oliver

## CERTIFICATE OF DEATH

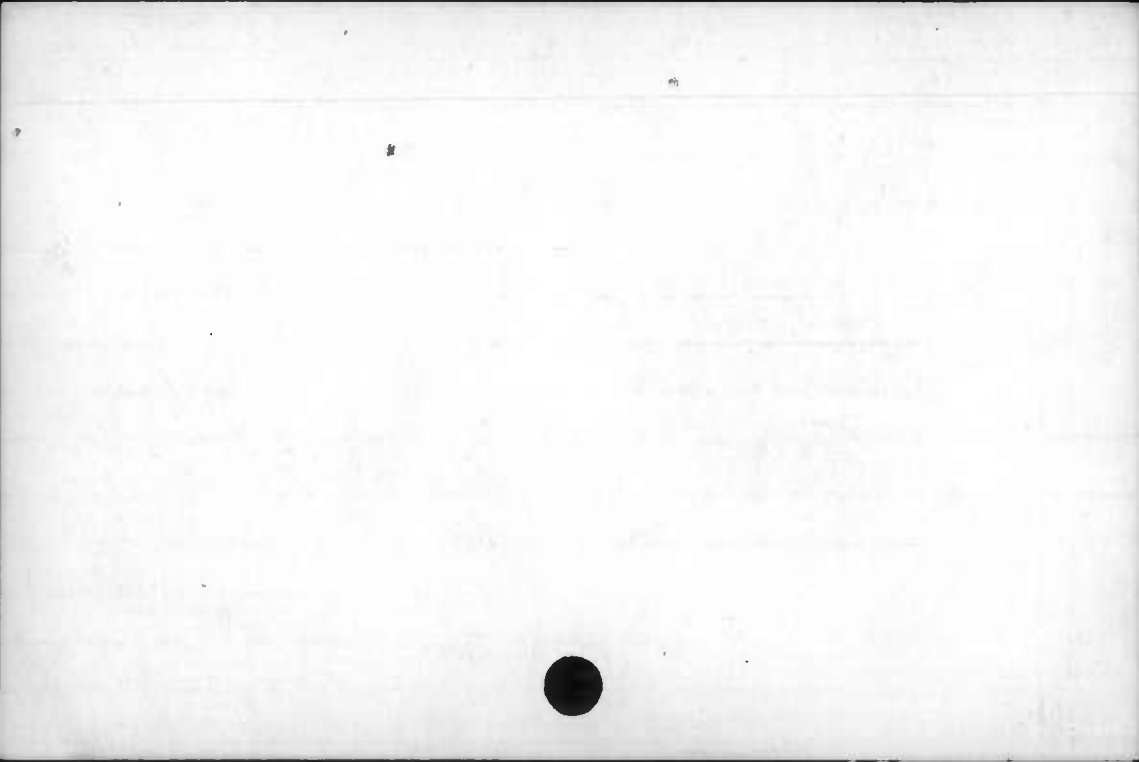
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Capitol Heights</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1960</i>	Month <i>Feb.</i>	Day <i>6</i>	Age <i>1</i>	Years <i>1</i>	Months <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or <del>Widowed</del> <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Bradshaw Oliver (Deceased.)</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Mary E. Fry</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>Mary E. Oliver</i>	How related to deceased <i>Mother.</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>about one week.</i>
Immediate <i>Pulmonary Edema</i>	How long <i>about 3 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. A. Schooner</i>
	Address <i>Beuning, D. C.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

Mary Lane Perkins

Town County

MARYLAND

Died at St. Barnabas Pr. Res.

Date of death 1908 2 11 Age 65 Months Days

Sex Female Color or Race White Birth-place W. C.

Occupation Home work Where Residing if not at place of death

Married Single or Widowed Name of Wife or Husband Rebet of Richard H. Perkins Deceased

Father's Name George Phelps Father's Birthplace W. C.

Mother's Maiden Name Do not know Mother's Birthplace

Name of person giving Information George F. Perkins How related to deceased Son

CAUSES OF DEATH

120

Primary Chronic Interstitial Nephritis How long 1 yr +

Immediate Dropsy and Heart failure How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

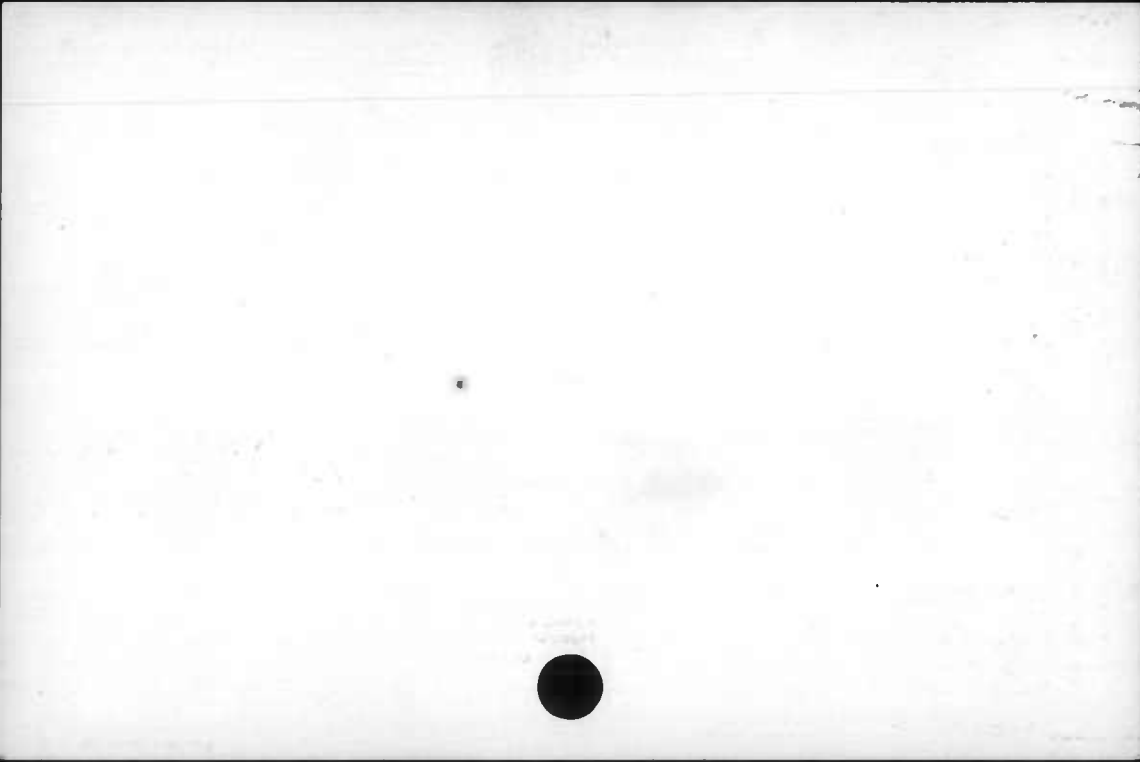
Signature of Physician E. P. Simpson M.D.

Address Cong. Hgts. R. D. 5

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

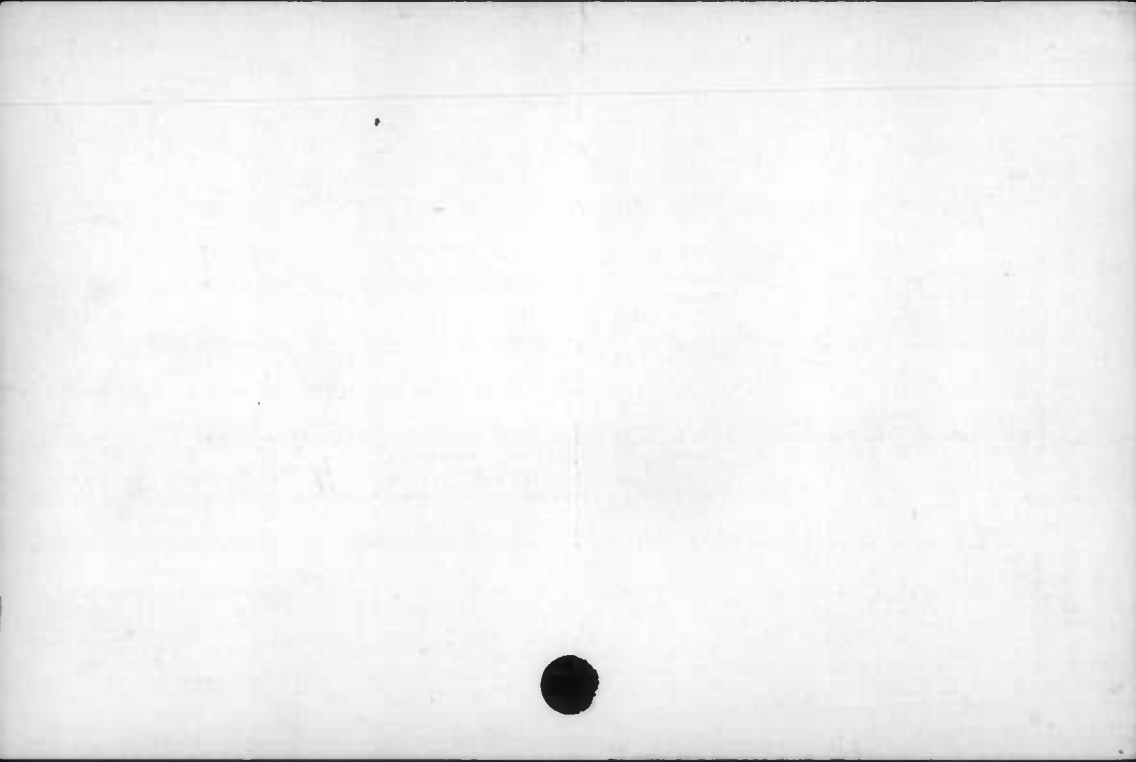
Died at <sup>Town</sup> Mitchellville <sup>County</sup> Prince George		MARYLAND											
Date of death	1921	Month	Feb.	Day	14	Age	—	Years	—	Months	—	Days	3
Sex	male		Color or Race	colored		Birth-place							
Occupation						Where Residing if not at place of death							
Married, Single or Widowed	m		Name of Wife or Husband										
Father's Name	William Peterson					Father's Birthplace	A. C. Co						
Mother's Maiden Name	Eunice Snowden					Mother's Birthplace	A. C. Co						
Name of person giving information	William Peterson					How related to deceased	Father						

## CAUSES OF DEATH

71 ✓

PHYSICIAN  
OR CORONER

Primary	Spasm		How long	3 days	
Immediate			How long	3 days	
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	Walter Bryon	
Accident or Suicide?			Address	Mitchellville Md	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Stanley Phelps*  
 Died at *Bowie Md* *Prince George* County MARYLAND  
 Date of death *1960 Feb.* Month *4* Day *4* Age *7* Months *4* Days *7*  
 Sex *male* Color or Race *white* Birth-place *Bowie Md*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*William C. Phelps*Father's  
Birthplace*Prince George*Mother's  
Maiden Name*Esther Canick*Mother's  
Birthplace*Bowie Md*Name of person giving  
Information*Bertha Phelps*How related  
to deceased*Grand*

## CAUSES OF DEATH

Primary

*Capillary Bronchitis*

Immediate

*Asphyxia*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address



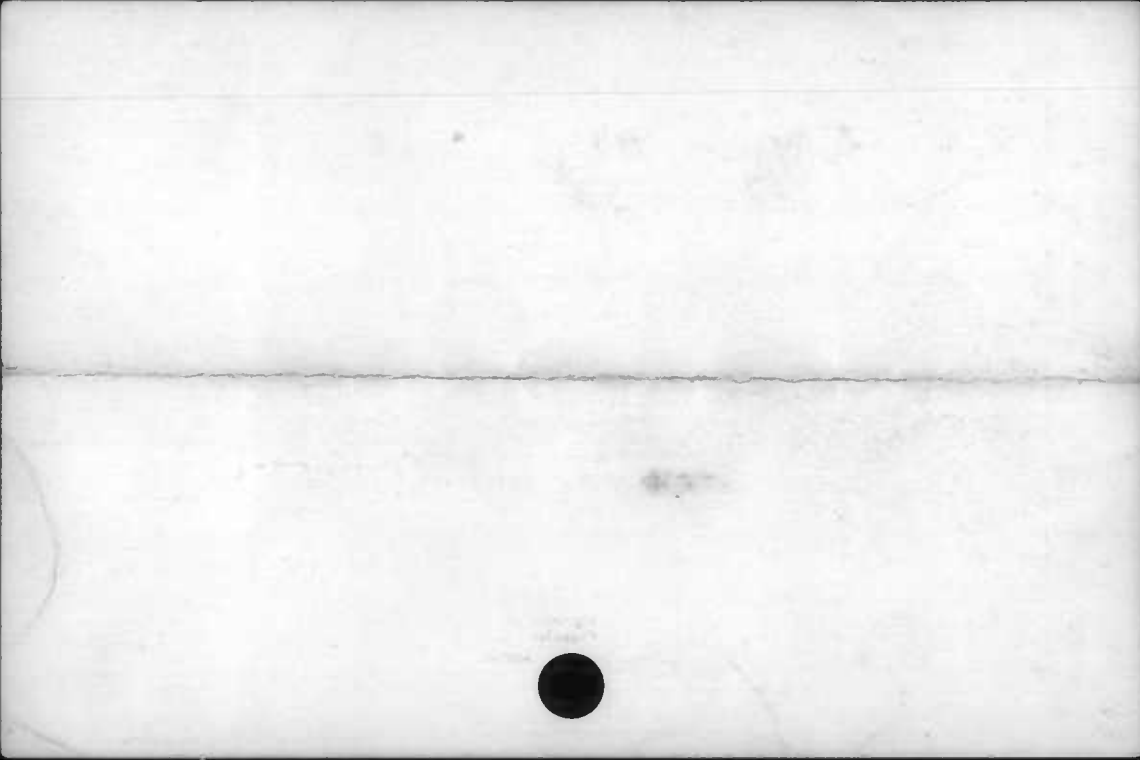
How long

How long

*Five days*  
*Local Infection**W. M. D. Small Jr.*  
*Springfield*  
*Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

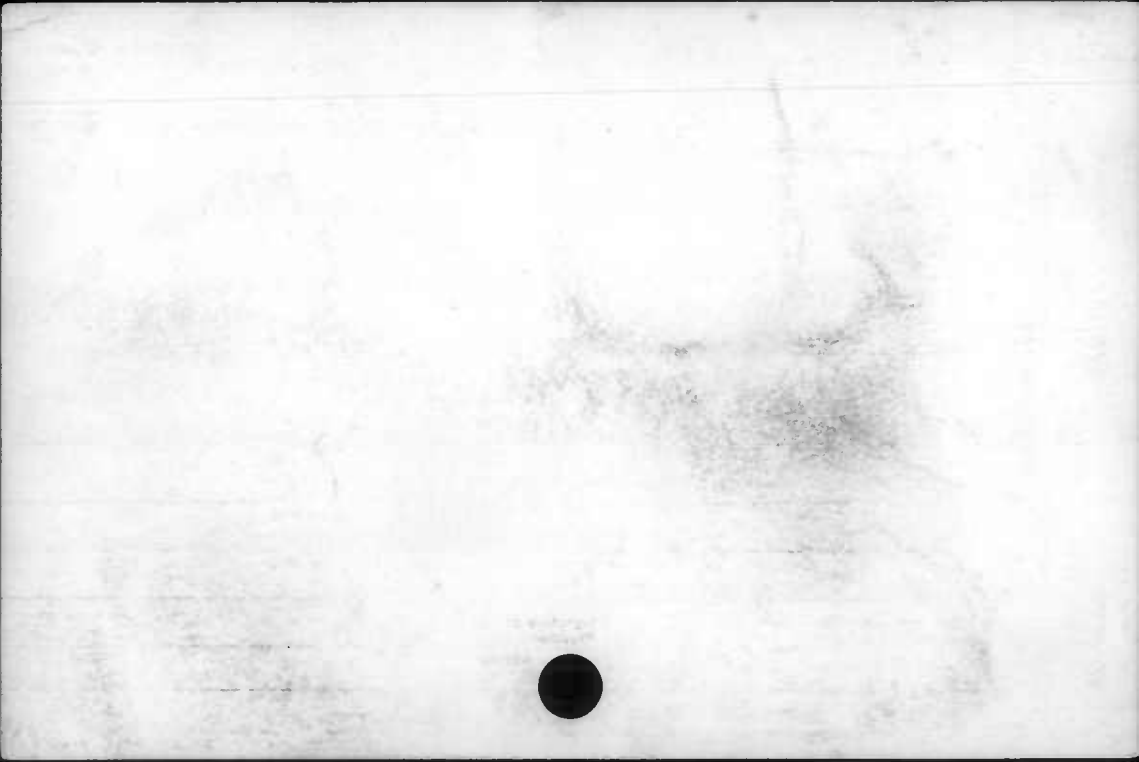
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary E. Queen* Town *Bowie* County *P. George* MARYLAND  
Died at  
Date of death *1900 Feb 16* Age *37* Months *—* Days *—*  
Sex *Female* Color or Race *Colord* Birth-place *Md*  
Occupation *Wife* Where Residing if not at place of death *—*  
Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Queen*  
Father's Name *Basile Queen* Father's Birthplace *Md*  
Mother's Maiden Name *Henrietta Brinson* Mother's Birthplace *Md*  
Name of person giving Information *Thomas Queen* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary *Pneumonia + Relapse* How long *2 weeks + 6 days*  
Immediate *Heart Failure* How long *Immediate*  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *James H. Truitt* Address *Bowie Md*  
Accident or Suicide *No*



Name  
in  
Full

Annie Reed

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

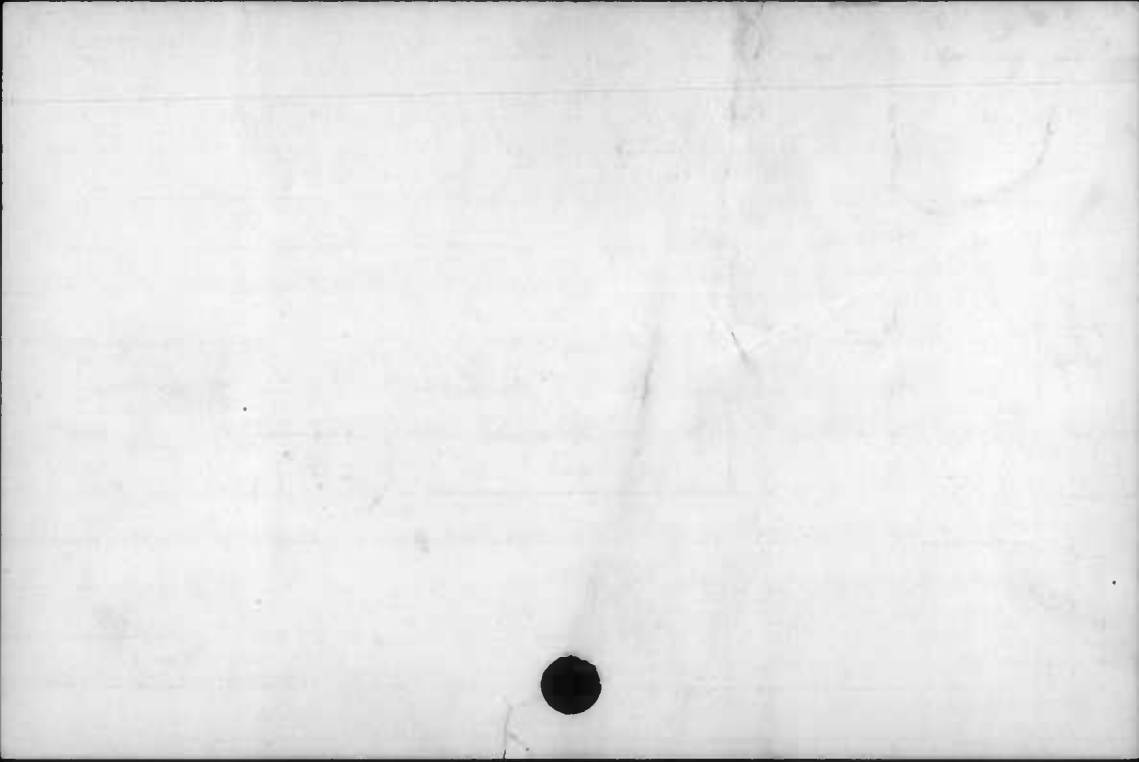
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		Feb	13	Age 56	3	+	
Sex	Female		Color or Race	Colored		Birth-place	Mo
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Jas Webster Reed			
Father's Name	Herman Darrey				Father's Birthplace	Mo	
Mother's Maiden Name	Unknown				Mother's Birthplace	Mo	
Name of person giving information	Jas Webster Reed				How related to deceased	Husband	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	4 or 5 months
Immediate	Exhaustion		How long	Several days
Are the name, age, sex, color, date and place correctly given above?		as near as possible		
Accident or Suicide?		no		
Signature of Physician		C. W. Brothall		
Address		Hyattsville Mo		





Name  
in  
Full

William H. Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at Near Laurel P. Geo  
Date of death 1900 Feb 25 Age 48 Months 3 Days 22  
Sex Male Color or Race White Birth-place Md  
Occupation Farmer Where Residing if not at place of death Near Laurel  
Married, Single ~~Widowed~~ Yes Name of Wife or Husband Lucy Wells  
Father's Name Wm H Reed Father's Birthplace Md  
Mother's Maiden Name Matilda Watts Mother's Birthplace Md  
Name of person giving Information Richard Tucker How related to deceased Nephew

CAUSES OF DEATH

79

How long

3 yrs

How long

Sudden

PHYSICIAN  
OR CORONER

Primary Valvular Heart Disease

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

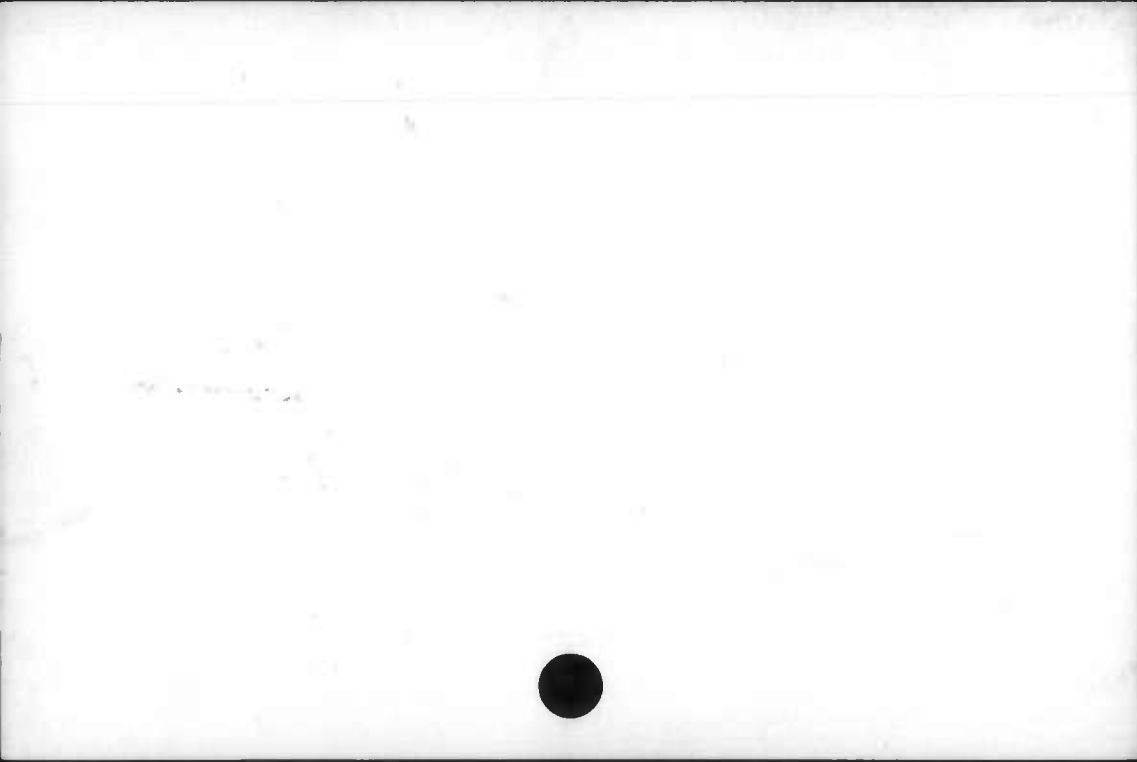
Yes

Signature of Physician

Address

J. R. Heath  
Laurel Md

Accident or Suicide



Name  
in  
Full

Maudie May Roley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1906		Feb	22	Age	24	
Sex	Female		Color or Race	White		Birth-place
Occupation	House work		Where Residing if not at place of death		Bowie Md	
Married, Single or Widowed	Married		Name of Wife or Husband	Theodora W. Roley		
Father's Name	Engine H. Shagogen		Father's Birthplace	Near Bowie Md		
Mother's Maiden Name	Miss Sussie Chasney		Mother's Birthplace	Near Bowie Md		
Name of person giving Information	Miss Nora Shagogen		How related to deceased	Sister		

CAUSES OF DEATH

Primary Salpingitis  
Immediate Sepsimia

132

How long  
3 months  
How long  
2 weeks

Are the name, age, sex, color, date and place correctly given above?

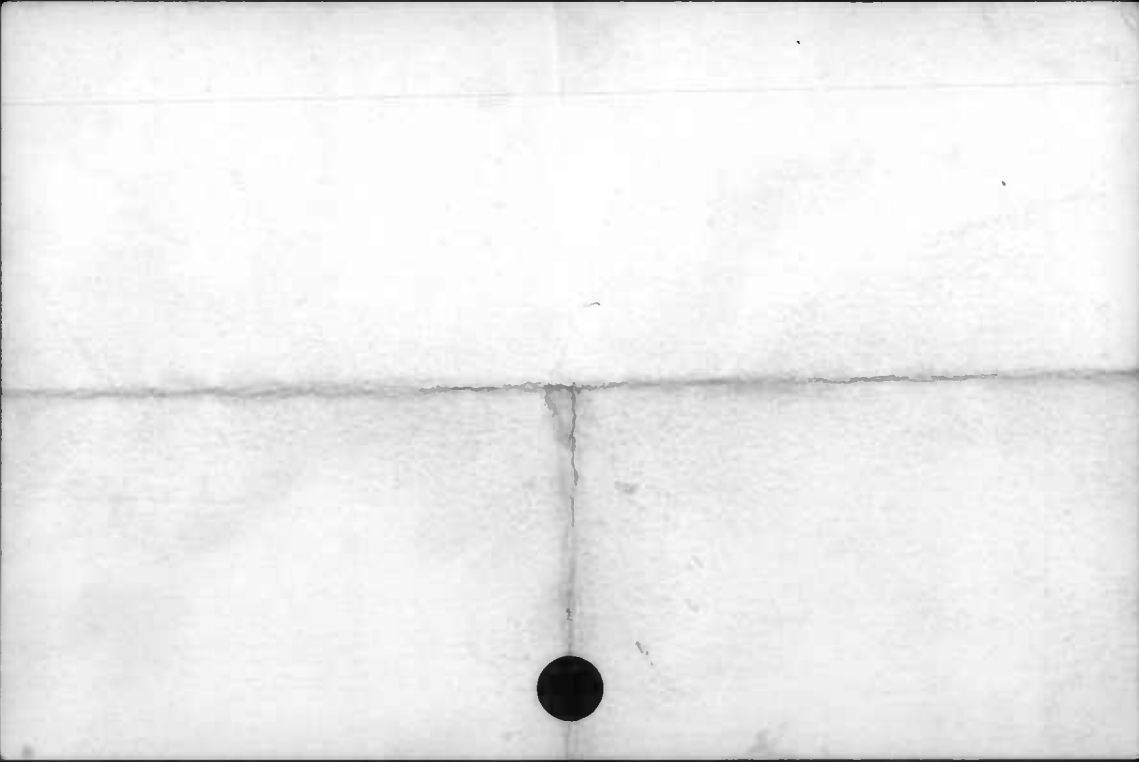
yes  
no

Signature of Physician

Address

James O. Pruitt  
Bowie Md

Accident or Suicide



Name  
in  
Full

Chas. A. Schaff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Sauvel Town Prince George County

Date of death 1900 2 Month 7 Day 4 Age 4 Years 4 Months — Days —

Sex Male Color or Race White Birth-place Maryland

Occupation Government Clerk Where Residing if not at place of death Baltimore

Married, Single or Widowed Married Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Wife How related to deceased —

CAUSES OF DEATH

Primary Lobar Pneumonia How long 10 days

Immediate Uremia & Paralysis of Heart How long 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Jesse C. Rogers

Address Sauvel Md.

PHYSICIAN  
OR CORONER

Accident or Suicide —

7

2  
7



Name  
in  
Full

William H. Shorter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

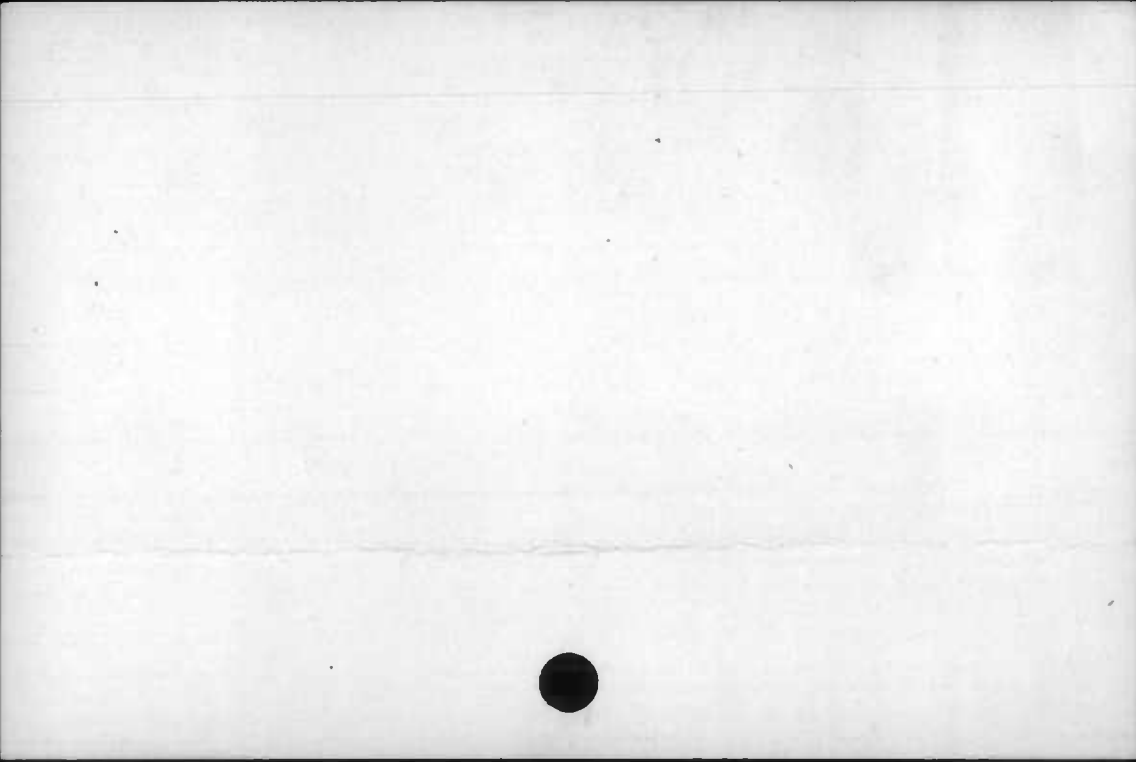
Died at <u>Unionville</u>		Town <u>P. H.</u>		County	
Date of death <u>1910</u>		Month <u>July</u>	Day <u>14<sup>th</sup></u>	Age <u>28</u>	Years
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Ind</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Home</u>			
<u>Single</u>		Name of Wife or Husband			
Father's Name <u>Daniel Shorter</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Fannie</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>J. L. Weaning</u>		How related to deceased <u>None</u>			

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary <u>Indigestion, C. Stomach</u>	How long <u>2 or 3 years</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John L. Weaning</u>
	Address <u>Clinton</u>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

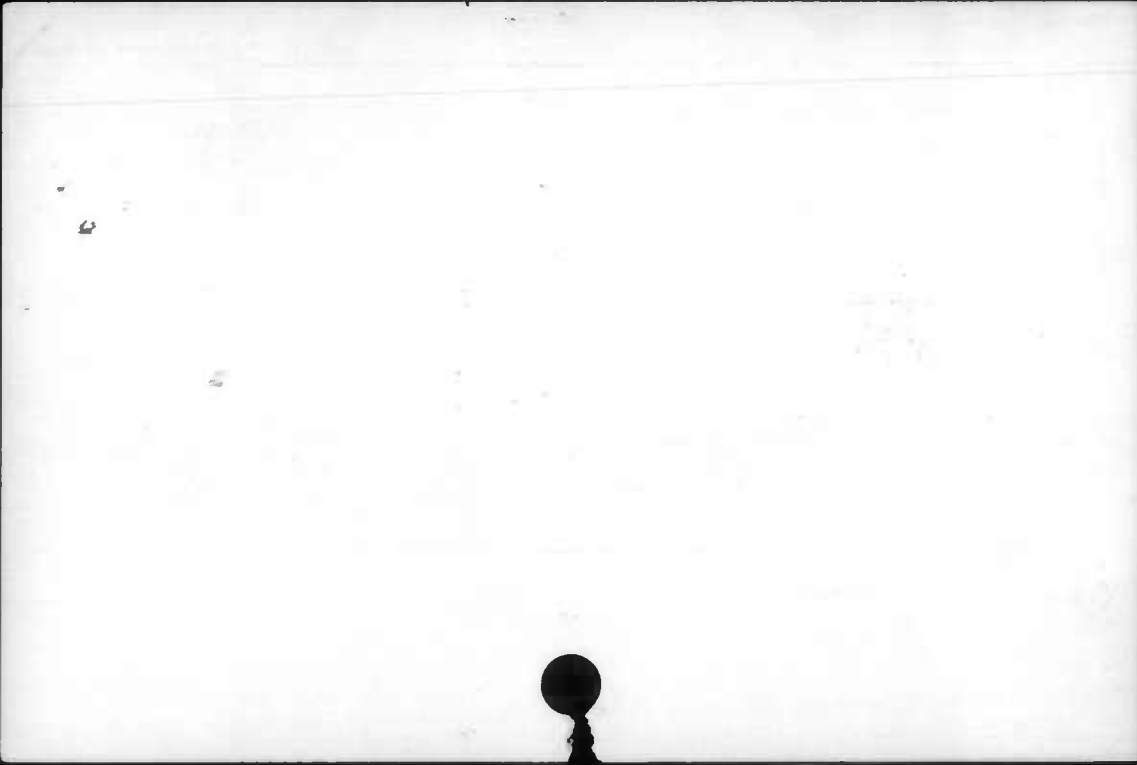
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>River View</i> <sup>Town</sup>		<i>Pr. Geo.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>1</i>	Age <i>53</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>—</i>				
Married, <del>Single</del> <i>Married</i>	Name of <del>Wife</del> <i>Ernest B. Simpson</i> Husband				
Father's Name <i>John M. Elkington</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Richard Badde</i>	How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gortic insufficiency</i>	How long? <i>Several years</i>
Immediate	<i>Failure of circulation</i>	How long? <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. P. Simpson M.D.</i>
		Address <i>Long Heights</i> <i>R. F. D. No. 5</i>
Accident or Suicide		



Name  
in  
Full

Infant of L. Q. & Onie B. Sisson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Substant

Pr. Geo.

MARYLAND

Date

of death

1900

Month

2

Day

17

Age

Years

-

Months

-

Days

Stillborn

Sex

Female

Color or  
Race

white

Birth-  
place

Md.

Occupation

-

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James Q. Sisson

Father's  
Birthplace

Va

Mother's  
Maiden Name

Onie B. Sisson

Mother's  
Birthplace

Va

Name of person giving  
Information

Onie B. Sisson

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Mal position

Immediate

Prolonged labor

Are the name, age, sex, color, date  
and place correctly given above?

Yes  
Correctly

Signature of  
Physician

Address

E. P. Sisson

B E D N G 5

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Lewis H. Smith

CERTIFICATE OF DEATH

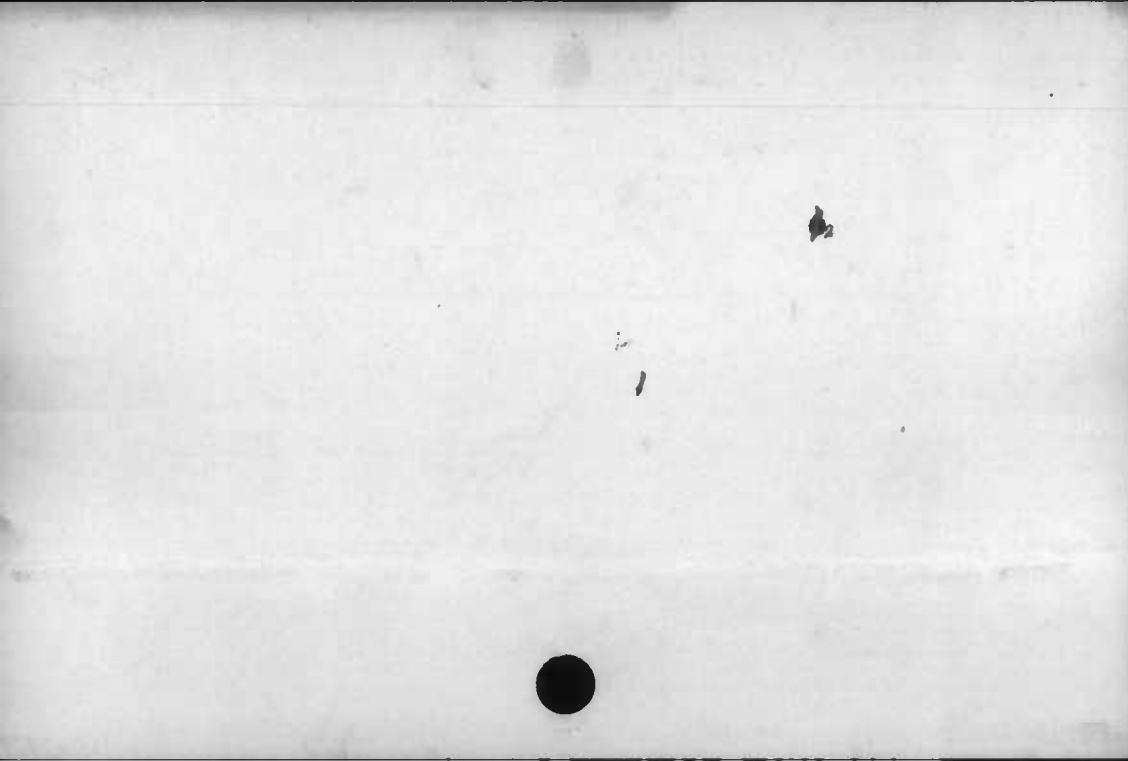
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Washington D.C.		County		MARYLAND	
Date of death	1900	Month	Feb	Day	6	Years	33
Sex	Male	Color or Race	Black	Died outside of State			
Occupation	Laborer		Where Residing if not at place of death		Montgomery Co Md		
Married, Single or Widowed		Name of Wife or Husband		Colesville Md			
Father's Name	Peter Smith		Mother's Birthplace		Montgomery Co Md		
Mother's Maiden Name	Emmer Watts		Mother's Birthplace		Montgomery Co Md		
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Val. dis of heart	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		
Address		
Colesville Md		
Accident or Suicide?		



Name  
in  
Full

no name Spriggs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

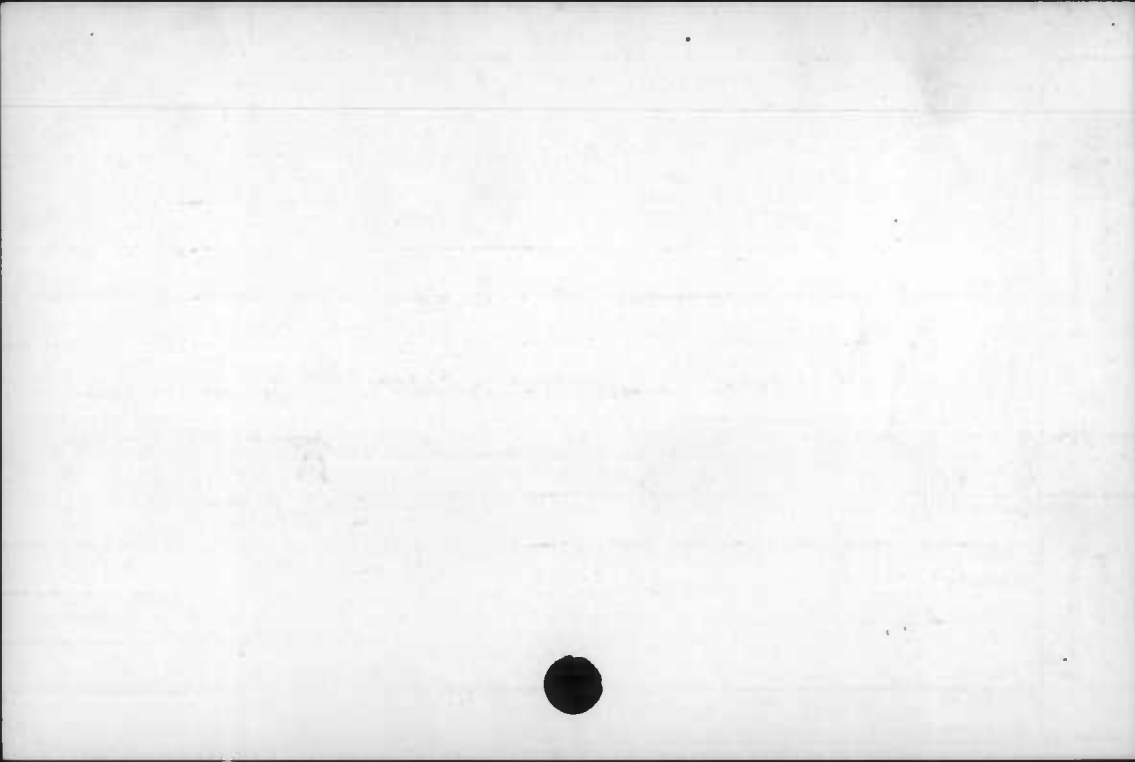
Died at <u>Croom</u> <sup>Town</sup>		<u>Prince George</u> <sup>County</sup>		MARYLAND	
Date of death <u>1900</u>	<u>February</u> <sup>Month</sup>	<u>20</u> <sup>Day</sup>	Age <u>      </u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>9</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>      </u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>Thomas Spriggs</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Rachel Coats</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Thomas Spriggs</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

⑨ ✓

PHYSICIAN  
OR CORONER

Primary <u>Croup</u>	How long <u>3 days</u>
Immediate <u>      </u>	How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Ernest W. Garner</u>
	Address <u>Actg Coroner</u>
Accident or Suicide? <u>      </u>	<u>Northkeys, Md</u>





Name  
in  
Full

CERTIFICATE OF DEATH

John Walls

Town

County

MARYLAND

Died at

Collington

Prince George

Date

of death

1900

Month

Feb

Day

4

Age

Years

20

Months

Days

Sex

Male

Color or  
Race

Colord

Birth-  
place

Collington

Occupation

Rail Rooding

Where Residing if not  
at place of death

Collington

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

\_\_\_\_\_

Father's  
Name

John Walls

Father's  
Birthplace

Collington

Mother's  
Maidan Name

Mary Briggs

Mother's  
Birthplace

Collington

Name of person giving  
Information

John Walls

How related  
to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

7 days

Immediate

Heart Failure

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

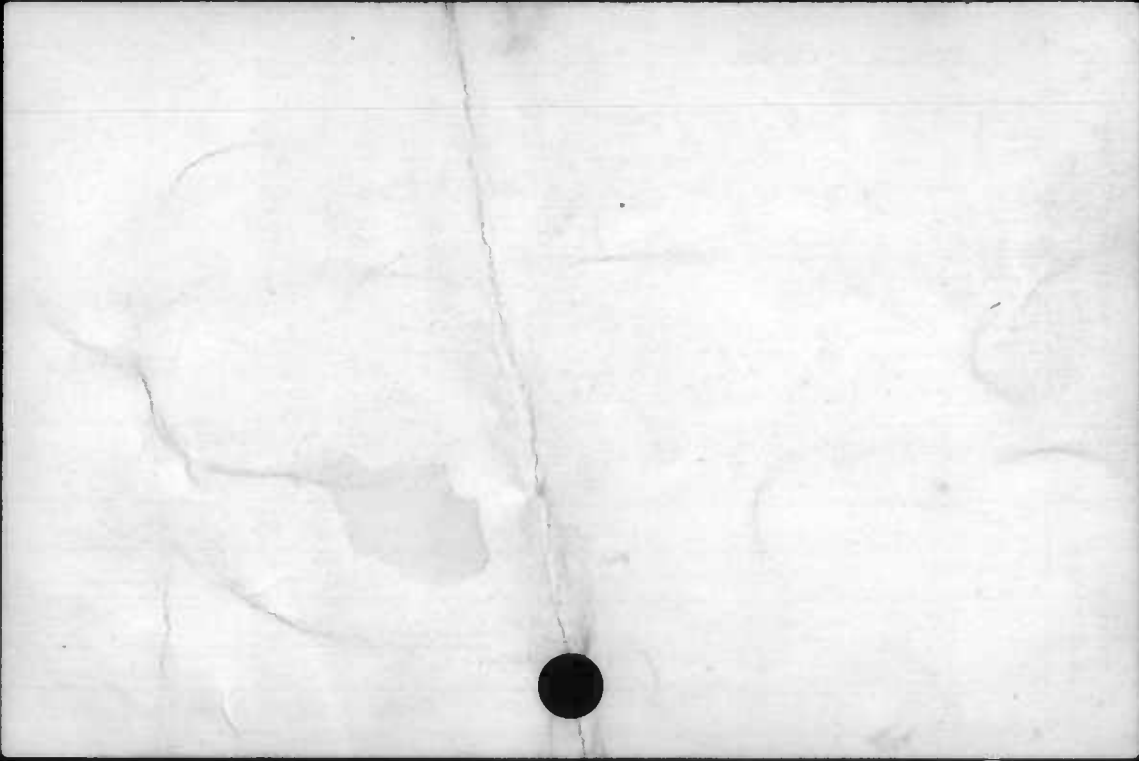
James H. Trutt  
Bowie Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Jane Waters* Town *E. Springs* County *P.G.*

Died at *E. Springs* P.G. County

Date of death *1910 Feb 19* Age *36* Months *—* Days *—*

Sex *Female* Color or Race *Black - neg* Birth-place *Ind*

Occupation *Housework* Where Residing if not at place of death *Home.*

~~Married~~ *Single* Name of Wife or Husband *John Waters.*

Father's Name *Unknown to informant* Father's Birthplace *Ind*

Mother's Maiden Name *" " "* Mother's Birthplace *Ind*

Name of person giving information *John Waters* How related to deceased *Husband.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Foot ulcers - deep cord* How long *3 weeks*

*loosening - T. Annumbia &c*

*Mania* How long *1 week*

Immediate *exhaustion.*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

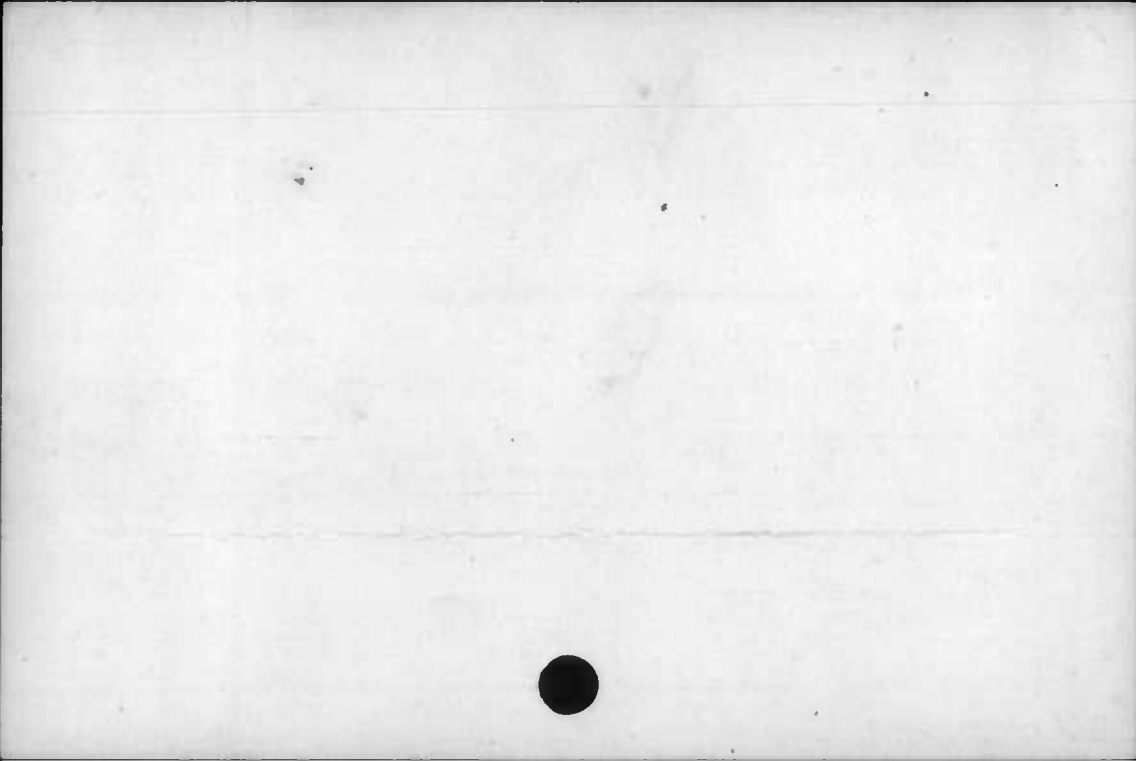
Signature of Physician

*John L. Weaning*

Address

*Clinton*

Accident or Suicide?



Name  
in  
Full

Frank William Watson

CERTIFICATE OF DEATH

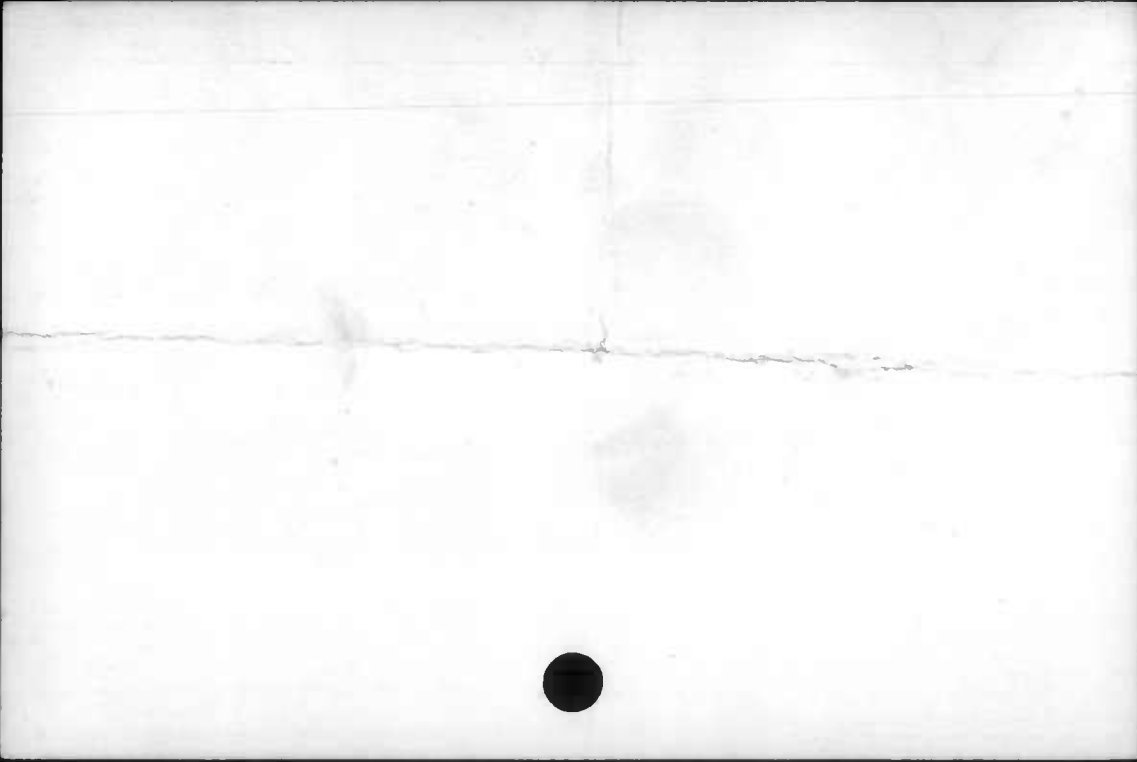
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berwyn</i>		County <i>Prince George</i>		MARYLAND			
Date of death 19 <i>00</i>		Month <i>Feb</i>	Day <i>5</i>	Age <i>55</i>	Years <i>4</i>	Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Manchester, Eng.</i>			
Occupation <i>Printer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or <del>Husband</del> <i>Louisa Schultz Watson</i>					
Father's Name <i>Samuel Watson</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Annie Gould</i>		Mother's Birthplace <i>England</i>					
Name of person giving Information <i>Louise S. Watson</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

Primary	<i>Chronic Interstitial Nephritis</i>	How long <i>3 years</i>
Immediate	<i>Athruia</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. D. E. E. E.</i>
		Address <i>Berwyn Md</i>
Accident or Suicide <i>—</i>		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Arthur H. Wheelock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

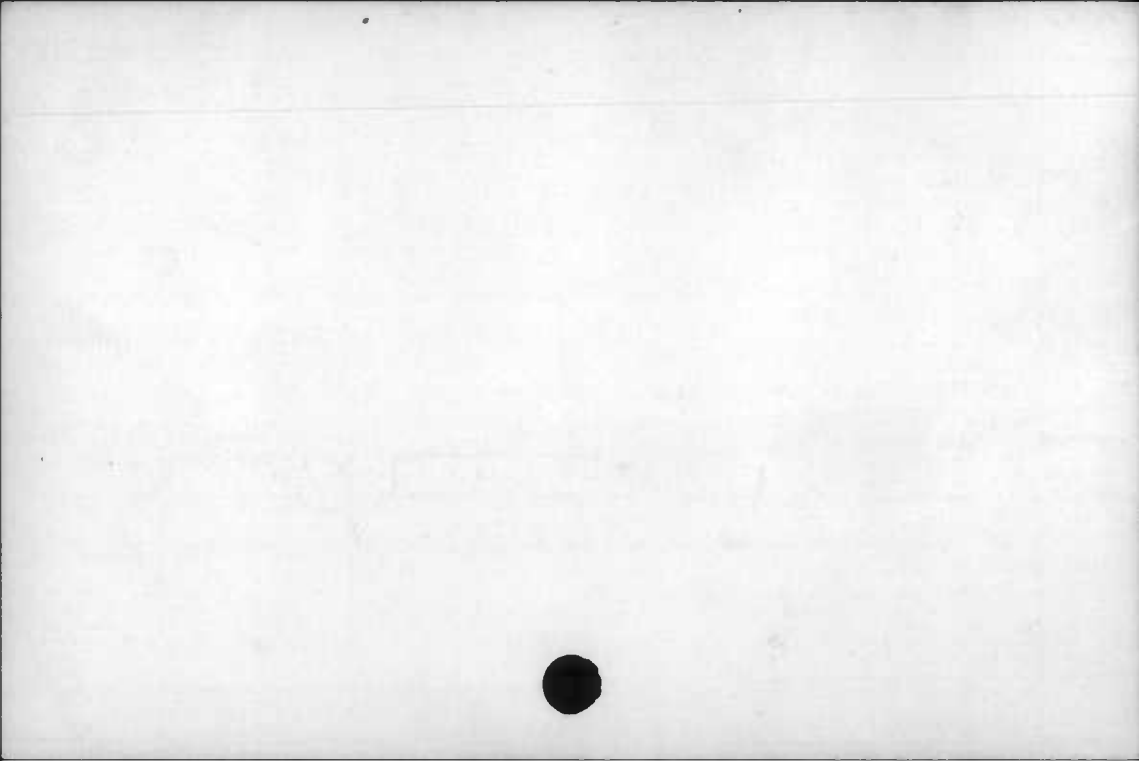
Died at <i>Hyattsville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1940</i>	<i>Feb</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <i>33</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Dist. of Columbia</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Thos. Wallace Wheelock</i>			Father's Birthplace <i>N. C.</i>		
Mother's Maiden Name <i>Rachel Roache</i>			Mother's Birthplace <i>Que. Brundell</i>		
Name of person giving information <i>Christoro Wheelock</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>Two years</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Willis</i>
	Address <i>Hyattsville, Md.</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Isaac Whitney*  
 Died at *Scutts* *Prin George* County *MARYLAND*  
 Date of death 19*01* Month *2* Day *8* Age *skelborn* Year Months Days  
 Sex *male* Color or Race *Black* Birth-place *md*  
 Occupation *none* Where Residing if not at place of death  
 Married, Single or Widowed *single* Name of Wife or Husband  
 Father's Name *John Whitney* Father's Birthplace *md*  
 Mother's Maiden Name *Julia Clark* Mother's Birthplace *md*  
 Name of person giving Information *Alice Clark* How related to deceased *uncle*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *skel born* How long  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Isaac Whitney MD*  
 Address *Forestville Md*  
 Accident or Suicide *neither*

